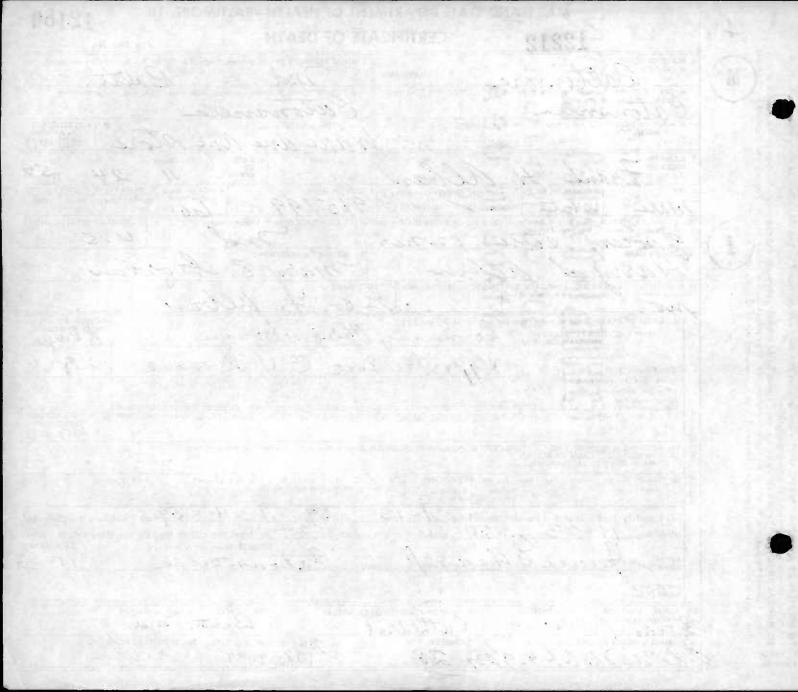
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY	Otimoso	MARYLAND	2. USUAL RESIDENCE (W		If institution: Resider	nce before admission)
RURAL and give ned	autside carporate fimits, write arest tawn)	c. LENGTH OF STAY IN 16	c. CITY-OR TOWN (IF	autside carporate lin	mits, write RURAL and	give nearest town)
	Wade, Ave. Cat		d. STREET ADDRESS	ne an	" store	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	ank H.	Alban	Last	4. DATE OF DEATH	Month //	24 1959
male_		RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 9/5/99	9. AG	E (In years   IF UNDER   birthday)   Manths	Days Hours Min.
Theres	N (Give kind af wark dane 10b. ng life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State	ar fareign country)	12.CIT	ZEN OF WHAT COUNTRY
13 SATHER'S NAME	Id. al	ban	14 MOTHER'S MAIDEN	NAME 18	Gorde	on
	IN U. S. ARMED FORCES? 16. f yes, give wor or dates of service)	SOCIAL SECURITY NO.	NFORMANT 4.	all	Address ZLW	
PART I. DEAT	TH [Enter only one cause per li H WAS CAUSED BY: IMMEDIATE CAUSE (a)	for (a), (b), and (c).]	Throne	bosis		INTERVAL BETWEEN ONSET AND DEATH
Canditians, if an gave rise to in cause (a), stating t	y, which (b).	typestrus	uz C.	U. We	tore	ign
lying cause last.	(c)					
САТІС	ER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	MINAL DISEASE CON	dition given in Par	PERFORMED?  YES NO
(IF EITHER, NOTIFY	☐ CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af	item 1B.)	
Y 20c. TIME OF INJURY Haur a. m. p. m.	Manth, Day, Year 20d. I While at war	Nat while fac	ACE OF INJURY (Hame, far ctary, street, affice bldg., et	m, 20f. (City ar tav	vn) (	(State
21. I certify the	at I attended the decease		, 1959, ta	11-24		ast saw the deceased
ACTUAL A	uses 814	owsel	accurred at 4/1	ADDRESS (Street, o		e date stated above  DATE SIGNET
PHYSICIAN'S NAME (Type)		7	M.U. ,	2.4		
22a. BURIAL, CREMATION REMOVAL (Specify)	11127/59	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (	City, town, or county)	(State)
23. FLINERAL DIRECTOR'S	SIGNATURE / NO	ADDRESS 28		D BY REGISTRAR	24b. REGISTRAR'S SI Colling S. 1	

TO HOSPITAL OR ATTANDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours often with. Page 4 may be retained by haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, or removal, and in ony event within 72 haurs offer death.

VS A15 (4) 15M 9/58



e. IS RESIDENCE

ON A FARM?

YES NO

Yeor

19

Mears

PERFORMED?

YES NO P

(Stote)

DATE SIGNED

(Stote)

Hours

A STATE OF THE STA and the last of the consequence of the same of

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12214 CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution:

Reg. Dist. No.

12182

T	PLACE OF DEATH O. COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALTIMORE.
-	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	RURAL ond give neorest town)  BRADSHAW	X BRADSHAW
	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	PHEFFERS ROAD	PHEFFERS ROAD ON A FARM?
3	NAME OF First Middle	4. DATE Month Day Year
	(Type or print) John Henry	Appel DEATH NOV. 6 1959
5	SEX 6. COLOR OR RACE 7. MARRIED THEVER MARRIED	B. Da/TE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.
	Male WIDOWED DIYORCED	SEPT 12,1892 67 yrs.
1	<ol> <li>USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)</li> </ol>	USTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
	PREFITTER RETIRED ARSENAL	BALTO CO. MD. U.S.A.
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	JOHN H. APPEL	EMMA HITCHCOCK
1	Yes, no. or unknown) (If yes, give war or dates of service)	INFORMANT Address BELAIR MD.
	YES MONE !	JOHD HAPPEL RFD 3 BELAIR ACRES.
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CYONSY	0001-3104
	420.1 DUE TO	
	Conditions, if ony, which ) (b)	
	gove rise to immediate couse (a), stating the under-	
	lying couse lost. (c)	
1	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BL	IT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
10141		PERFORMED? YES NO [4]
1314030	20g. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RED. (Enter nature of injury in Port I or Part II of item 1B.)
		PLACE OF INJURY (Home, farm, 20f. (City or town) (County) (Slote)
Ì	Hour o. m. While Not while	octory, street, office bldg., etc.)
2	2/	1 18 41 1 55
	21. I certify that I ottended the deceased from.	1957, to Vov 6, 1957, that I last saw the deceased
	alive on 1967, and that deal	
	ACTUAL 11/11/11/11/11/11/11	ADDRESS (Street, city or town, stote)  DATE SIGNED
	SIGNATURE VIlliam a. Jugan	M.D. // 1498ville, Md. 11-6-57
	PHYSICIAN'S William A. Tyson	
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	BURIAL 11-9-59 FORK ME	THODIST FORK MD.
2	3. FLINERAL DIRECTOR'S SIGNATURE 0 // ADDRESS	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
	Bassahn Funeral Home 7401 Bele	zer Road DATE NOV 1 2 '59 Criting & Krong

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer death. Page 48 may be retained by the hospital or attending physician.

TO FUNERAL DIREC.: After this certificate has been signed by the attending physician and campletely filled in by the charactering page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death. VS A15 (4) 15M 10/57

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	MARYLAND STATE DEPARTMENT OF HEALTH BALTIMDRE, IS					
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#### FOR STATE HEALTH DEPT.

ery, please ir. Page ir files. of Health,

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necess execute the certifient, a writing the word "pending" in pendit in Item, 18. Give Pages 1, 2, and 3 to the funeral distance 4 should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or removal, and in any exeminality 72 hours after death.

VS. A15ME BM 2/57

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12183

Reg. Dist. No.

4004 2000 0 2 2 2 100 2 2	
o. COUNTY	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY
b. CITY OR TOWAL (If outlide corporate limits, write RURAL   C. LENGTH OF STAY IN 1b	ma paco
end give new (st outside corporate immi), write NURAL (c. LENGTH OF STAT IN ID	c. CITY OF TOWN (If outside corporate limits, write RURAL and give nearest town)
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, giverstreet address)	d. STREET ADDRESS
Mules an Extended	Ho Therement that YES NO I
3. NAME OF DECEASED (Type or print)  Alice Middle M	Back DEATH Month Day Year DEATH 1859
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B	DATE OF BIRTH 9. AGE In years IF UNDER TYEAR IF UNDER 21 118S.
100, USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST	11. BINHPLACE (State or Foreign country)  12. CITIZEN OF WHAT COUNTRY
during most of working life, even is relieved.	MI
13. FATHER'S MANE	14. MOTHER'S MANDEN NAME
Remark Jacon	Lenallanjord
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. II) (17 yes, give wor er doles of service)	NEORMANY B FARMING
	emissipeen to ournarise all as
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART 1, DEATH WAS CAUSED BY:	ONSET AND DEATH
IMMEDIATE CAUSE (o)	ey monvo
4.20, P DUE TO	
Conditions, if ony, which gave rise to immediate cause (b)	
(a), stoting the underlying DUE TO cause last.	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
	PERFORMED? YES NOTE.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Part 1 or Part II of item 18.)
for all	CE OF INJURY (Home, farm, 20f. (City or town) (County) (State) ary, street, office bldg., etc.)
Hour a. m. While Not while of work of work	pry, sneet, other blogs, etc.;
21. I certify that I took charge of the remains described abo	ive, held an Autopsy . Inspection . Inquiry . and in my
apinian death resulted from: Natural causes . Accident	, Suicide , Homicide , Undetermined manner
01 1 11	
SIGNATURE Las 1, Milester	M.D. CHIEF MEDICAL EXAMINER   DATE SIGNED
EXAMINER'S GEO, S.M. KEEFEEN	ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER DEP
220. BURIAL, CREMATION, 276. DATE THEREOF 22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCATION (City, town, or county) (Store)
REMOVAL (Specify) 11-8-59 Western Star	- cemi Cotonsville Man
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
a Halsten 918 Drud Hill Hy	PATE NOV 9 '59 Cuthun J. Thromas

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ASSESSMENT TO SEE STATE				
Office of the United States States				

VS A1S (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12216 **CERTIFICATE OF DEATH**  12184

	Neg. Dist. (10.
1. PLACE OF DEATH O. COUNTY BALTO MARYLAN	2. USUAL RESIDENCE (Where deceased lived. If institution, Residence before admission) b. COUNTY b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	Rain Ma 211
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION	d. STREET ADDRESS P. O. IS RESIDENCE ON A FARM?
HUGSBURG HOME	1720.10143K) YES NO
3. NAME OF DECEASED (Type or print) LOUISE ASEND	ORF BALLY DEATH NOW 4, Doy Year 1959
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   WIDOWED   DIVORCED	last birthday) Months Days House Min
100. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	NDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
MIDERI. MISENDORF.	Injemeyer.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes. no. or unknown) (If yes, give wor or dates of service)	RECORDS AUGSBURG HOME
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).] PART I. DEATH WAS CAUSED 8Y:	INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (o) (1) · O'CLUME  LI 11/23X DUE TO	a Almannay 3 days.
Conditions if any which \ (\frac{1}{2}\)	to Heart Denie 5 m
gove rise to immediate couse (o), sloting the under-	and the second
lying couse last.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH	BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES TO NO DELETION OF THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
	URRED. (Enter noture of injury in Port I or Port II of item 18.)
	e. PLACE OF INJURY (Home, form, form, form, form, foctory, street, office bldg., etc.)
21. I certify that I attended the deceased fram Cymil	10-, 1958, ta hw. 4-, 1959, that I last saw the decease
alive on hand 4- 1959, and that de	eath accurred atM, fram the causes and on the date stated abave
ACTUAL SIGNATURE Gol L. Chamber	M.D. 4108 Sweet Ht a Butty py 11-6-4
PHYSICIAN'S Ear/ L. Chambers -	4108 Liberty Ats. Ave. Balt. M
220. BURDAL, CREMATION, 226. DATE THEREOF 22c NAME OF CEMETER 10044, (Special) 1001-1590000	RY OR CREMATORY 22d. LOCATION (City, town, or county) (State)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
PH.HEEMANN. 6067 HG	CFORD DATE NOV 9 '59 Conthur S. Knows

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BI LIFOMNTIAS

21. I certify the Aattended the deceased from September 4

CRAWFORD

22b. DATE THEREOF

exercized accuracy and that death occur

**ADDRESS** Harford Road

22c. NAME OF CEMETERY OR CREMA

WOODLAWN CEMETER

e. IS RESIDENCE

Day

22

U.S.A.

Hours

Days

ON A FARM?

YES NO NO

Year

1559

VAH	BALTO	MD	FT	HO	JARD	DI	ISI	ON
(						- 8	Mor	nths
) THE TER	MINAL DISEASE	CONDIT	TION G	IVEN IN	N PART 1		PERFO	NO
of injury i	n Port I or Part	Il of iter	m 1B.)				E3 [C]	NO []
e bldg., e	etc.)				el.			(State)
1:10	PM, from 1	the cau	or town	nd ai	n the	date s	tated	above.
BALT	IMORE ]	.8, 1	MD.	FT.	HOWA	RD,	MD	.11/2
BALT	IMORE ]	18, 1	MD.	FT.	HOW	TARD	, M	D.
	22d. LOCAT						(Stote	9)
	BALT	I ME JIR I	H: 1V		T.ANI			
	o THE TER  If injury i  Home, for a bidg., a	the terminal disease of injury in Port I or Port thome, form, 20f. (City bldg., etc.) ta November Address (St. BALTIMORE I	THETERMINAL DISEASE CONDITION OF INJURY IN PORT I or Part II of iter  Home, form, 20f. (City or town) bldg., etc.)  taNovember 22,  1:10 p.M., from the car  ADDRESS (Street, city  BALTIMORE 18, 1	THETERMINAL DISEASE CONDITION G  of injury in Port I or Part II of item 18.)  Home, form, 20f. (City or town)  bldg., etc.)  taNovember 22, 1959  1:10 p.M., from the causes a  ADDRESS (Street, city or town)  BALTIMORE 18, MD.  BALTIMORE 18, MD.	THETERMINAL DISEASE CONDITION GIVEN IN  If injury in Port I or Part II of item 18.)  Home, form,   20f. (City or town)	THETERMINAL DISEASE CONDITION GIVEN IN PART IN finjury in Port I or Part II of item 18.)  Home, form, 20f. (City or town) (Control of the Indian III)  ta November 22, 1959 ABOXXIXII  1:10 pm, from the causes and an the Causes (Street, city or town, state)  BALTIMORE 18, MD. FT. HOWA	INTERCONSET  THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19.  If injury in Port I or Part II of item 18.)  Home, form, 20f. (City or town) (County)  to home, form, 20f. (City or town) (County)	INTERVAL BEOMSET AND  THETERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS A PERFO YES TO  If injury in Port 1 or Part II of item 18.)  Home, form, 20f. (City or town) (County)  to bldg., etc.) (County)  to a November 22, 1959 XB CONSESS XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX

hospital for After Page 3 shauld be prior registrar may be he 10

ACTUAL SIGNATURE

PHYSICIAN'S

NAME (Type)

BURTAT

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

CDDK-BLIGHT INC

HOSPITAL VS A15 (4) 15M 9/5B

CONTRACTOR OF THE PARTY OF THE DA 1919 13, 1919 100 EAST DESCRIPTION OF THE BUILDINGS OF THE The state of the s Commence of the contract of th has a second of the cartification of the law of the second THE MEN ON A DESCRIPTION OF THE PERSON OF TH

22c. NAME OF CEMETERY OR CREMATORY

DATE THEREOF

220. BURIAL, CREMATION,

REMOVAL (Spegify)

23. FUNERAL DIRECTOR'S SIGNATURE

e. IS RESIDENCE

Reg. Dist. No

504	The	tord Ro	1.	YES [	NO [
-	4. DATE OF	Mon		Day	Yeor
2	DEATH	/Vc	v. 9.		19 59
1888		9. AGE (In years lost birthday) 71 yrs.	Months Do		Min.
CE (State of	or foreign c	ounfry)	12. CITIZEN	OF WHAT	COUNTRY?
aryle	and AME			USA	
y Tou	ifel	Add	race		
7. (	hurc	1	same		
Chro	mbo	sia		CHAPTER AND CONSET AND	BETWEEN DEATH
is 8	- Fu	suffic	ievey	54	pro
tees	2	40	4	10%	rs
THE TERMIN	NAL DISEAS	E CONDITION GI	VEN IN PART 1	o) 19. WA PERF YES [	AUTOPSY ORMED?
injury in P	art I or Por	t II af item 1B.)			<del></del>
lome, form, bldg., etc.	20f. (City	ar town)	(Cau	nty)	(Stote)
, ta		9- 1959			
		the causes ar			ed above. ATE SIGNED
time	10-	18.911	D.	4-4-5	127
rk	22d. LOCA	TION (City, town, Baltime	or county) ore. M	d. (SI	ote)
240. REC'D	BY REGISTON 1 2	TRAR 24b. REGI	STRAR'S SIGN		

10 VS A15 (4) 15M 9/5B

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CERTIFICATE OF DEATH

12187

			12219	CERTIFICA	ATE OF DEATH		Reg. Dist. No.
		COUNTY BALL	to lo.	MARYLAND	2. USUAL RESIDENCE (Where a. STATE	h COUNTY	on: Residence before admission)
	1	RURAL and give neorest	town)		c. CLPCOR TOWN (If outs	side corporate limits, write R	URAL and give nearest town)
5	4	or institution	north	Home	6608 An	elmoch	ON A FARM? YES NO
		NAME OF DECEASED Type or print)	12AB	ETH C'Middle BE	RLAU	OF DEATH	th Doy Year 30 195
	5. 5	emale h	110.00	MARRIED   NEVER MARRIED	10/1/69	9. AGE (In years last birthday) 90 yrs.	Months Doys Hours Min
	10a.	USUAL OCCUPATION (C during most of working I	ife, even if retired)	106. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State or	foreign country)	12. CITIZEN OF WHAT COUNTR
(	13.	FATHER'S NAME	Bense		14. MOTHER'S MAIDEN NAM	ME	
1	13:	WAS DECEASED EVER IN (If yes,	U. S. ARMED PORCES give war or dates of service	16. SOCIAL SECURITY NO.	NFORMANT BA	Add	ress
		1B. CAUSE OF DEATH		per line for (a), (b), and (c).]	AE PECTUA	- 105-007	INTERVAL BETWEEN ONSET AND DEATH
		154X	DUE TO	JAK CHAUMAN	THE CTUM	TO LYMPHGL	ANDS 13 MGS
H		Conditions, if any, a gave rise to imme couse (o), stating the u	diate ( DUE TO				
0	NOI	PART II. OTHER S		IONS CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	ZEN IN PART I(a) 19. WAS AUTOPS PERFORMED?
	CERTIFICATI	ART  200. ACCIDENT WAS UN OR CONTRIBUTING  (IF EITHER, NOTIFY MED	DERLYING 206	CLEROSIS A	D. (Enter noture of injury in Par	TICHEMTUS et 1 or Port II af item 18.)	THLEBITSYES   NO [
	MEDICAL	20c. TIME OF INJURY A Hour o. m. p. m.	10		ACE OF INJURY (Hame, form, ctory, street, office bldg., etc.)	20f. (City or town)	(Caunty) (Sto
9		A/ - /	attended the de	eceased fram APR, 24	4 , 1958, to NO		that I last saw the deceas
		ACTUAL SIGNATURE	hus M.	Annaly		I, fram the causes an DORESS (Street, city or tawn, FREDERICK	d an the date stated above state)  DATE SIGN  R  12/1/5
1		PHYSICIAN'S O	HNN. S	NYDER M.	D. BALT	IMORE 2	S. Mo
1	220	BURIAL, CREMATION, 2 REMOVAL (Specify)	12/3/5°	22c. NAME OF CEMETERY O	DE CREMATORY 2	Bulto D	or county) (State)
1	77	FUNERAL DIRECTOR'S SIG	SNATURE / NO	ADDRESS	24a. REC'D	C 2 150	STRAR'S SIGNATURE

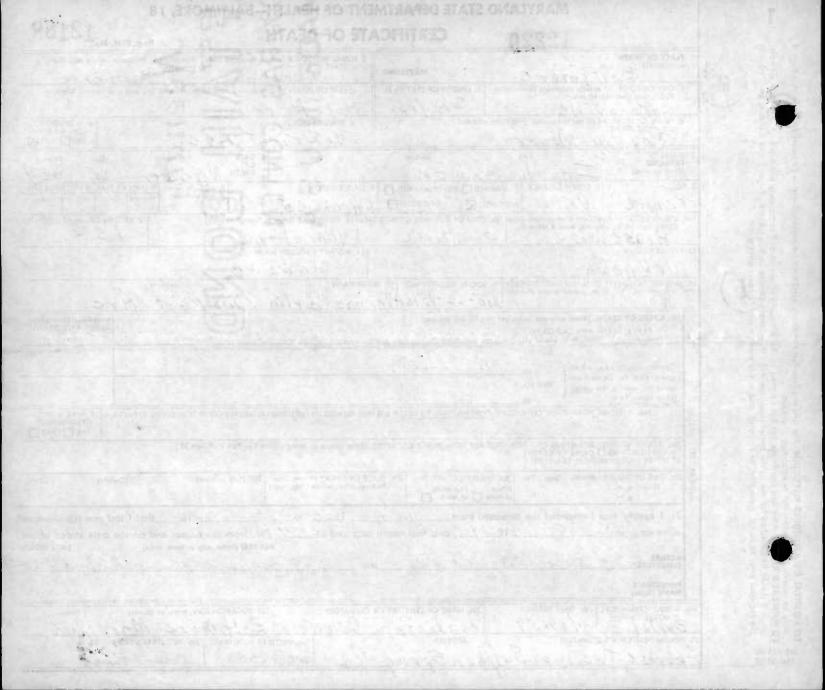
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after mathematical content of the physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled, with the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after death.

VS A15 (4) 1SM 9/58

12218 CHARLESTE OF OBSTE THE REAL PROPERTY AND ASSESSED AS A SECOND OF THE PARTY O AN ALLEGA OF THE RESIDENCE OF THE STATE OF T 

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18



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VS A15 (4) 15M 9/58

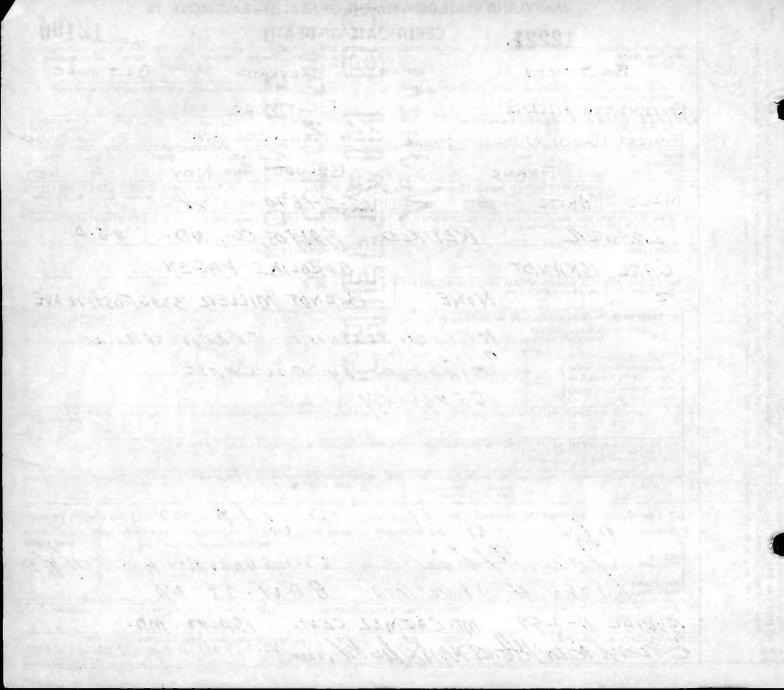
#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12221

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 219()

	D. COUNTY BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE MARYLAND. b. COUNTY BACTIMORE
,	b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) at an syill e ANAME OF HOSPITAL (If had in Maspiral, give street address) OR INSTITUTION OR INSTITUTION OR OR INSTITUTION OF INSTITUTION OF INSTITUTION OR INSTITUTION OF INSTITUTIO	c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  **BACTIMORE**  d. STREET ADDRESS  ON A FARM?  YES NO PA
	3. NAME OF DECEASED (Type or print) First Middle	TBRANDT.  4. DATE Month Day Year OF DEATH NOV 4 1959
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	B. DATE OF BIRTH  12-2-18-70  9. AGE (In years lost birthday)  8. Wanths Days Hours Min.
	100. USUAL OCCUPATION (Give kind of work dane during most of working life, eyen if retired)  105. KIND OF BUSINESS OR INDUSTRIBUTION  (Industrial Control of Working Life, eyen if retired)  106. KIND OF BUSINESS OR INDUSTRIBUTION  (Industrial Control of Working Life, eyen if retired)  (Industrial Control of Working Life, eyen if retired)  (Industrial Control of Working Life, eyen if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?  14. MOTHER'S MAIDEN MAME  14. MOTHER'S MAIDEN MAME
	IS. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yes, no. acunknown)  (If yes, give wor or dates of service)  (You have been decembered by the service)	NFORMANT Address Address Address Address Address
	Canditians, if any, which gave rise to immediate cause (a), stating the underlying cause last.  DUE TO  DUE TO	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)  ACE OF INJURY (Home, form, 20f. (City or town) (County) (State)
	p. m. 19 at wark at wark	ctary, street, affice bldg., etc.)
,	alive an 1957, and that death	19.57, to 18.59 that I last saw the deceased accurred at 42M from the causes and an the date stated above.  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 5800 E DIMM VISCH G VC FIFTS
	220. BURIAL, CRÉMATION, 22b. DATE THEREOF REMOVAL (Specify)  11-7-59  ADDRESS  ADDRESS	R CREMATORY  22d. LOCATION (City, tawn, or caunty)  (State)  24a. REC;D, BY REGISTBAR  24b. REGISTRAR'S SIGNATURE
	Sarylatur/Hones 740/1844	DATE NOV 1 2 59 Critium & Trans



12197

		122	22	CERTIFICA	AIE OF D	EAIF	1		Reg. Dis	it. No.		
	PLACE OF DEATH D. COUNTY	Baltimore		MARYLAND	o. STATE	lary]	9 000	d lived. If institution b. COUNTY	on: Residen	ce befor	re admis	sion)
	RURAL ond give ne		its, write	c. LENGTH OF STAY IN 16			-	rote limits, write R	URAL ond g	give nea	arest tow	n)
	Ft. Howard	AL (If not in hospital, c		15 days	Balti d. STREET AD		3	3 V	01-	4	10 000	CIDENICE
	OR INSTITUTION	dministrat					heste:	r Street				FARM?
3. 1	NAME OF DECEASED (Type or print)	AIEXA	NDER	Middle	BRIGH.	r, Jr	4. DATE OF DEATH	Novembe 6		29		Yeor 19 59
5. S	Male	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Sept. 21	1. 19	217	9. AGE (In years lost birthdoy)	IF UNDER Months	1 YEAR Days	Hours	ER 24 HRS Min.
9	. USUAL OCCUPATION during most of work	king life, even it refired	1)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLA	CE (Stote		Carolina		J.S.		OUNTRY
	FATHER'S NAME  Alexan				14. MOTHER'S A	AIDEN N						
15. (Ye	WAS DECEASED EVE	R IN U. S. ARMED FOR (If yes, give war or dates of s	service)		nformant in_Rec. V	AH E	Bal to.	Add:	ess Tt. Ho	war	d Di	v.
		TH WAS CAUSED BY: IMMEDIATE CAUSE (o	)(	ine for (o), (b), and (c).]  INANTTION						INTE	RVAL BE	
	Conditions, if or gove rise to in couse (o), stoting lying couse lost.	mmediote Dus To	)(	ADENOGARCINO	MA OF PAN	CREAS	S WITH	METASTAS	SIS	U	INKN	OWN
CERTIFICATION	PART II. OTH	IER SIGNIFICANT CON	IDITIONS	CONTRIBUTING TO DEATH BUT	NOT RELATED TO T	HE TERMI	NAL DISEASE	E CONDITION GIV	EN IN PAR	1(0) 1	PERFO	AUTOPSY ORMED?
	20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCURRE	D. (Enter noture of	njury in i	Port I or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJUR Hour o.m. p.m.	Y Month, Doy, Ye	ar 20d. I While of wor	Not while fo	ACE OF INJURY (Ho ctory, street, office b			or town)	(C	County)		(Stote
				sed from November								
	OUNDERFOXEX.	XXXXXXXXXXX	2000	XXXXX and that death	occurred at_1			the causes an		date		d above
	ACTUAL SIGNATURE	alle (.	hold	the Mil.	M.D. VAH Ba	lto.	Md.,I	Ft. Howard	Divis	ion	11/	29/5
	PHYSICIAN'S NAME (Type) W	ALTER C. OC	LDST	ETN, MD	VAH_Ba	lto.	Md. I	Ft. Howard	Divis	sion	11/	29/5
220	BURIAL, CREMATIO REMOVAL (Specify) Buri al			22c. NAME OF CEMETERY C	R CREMATORY			ION (City, town, o	or county)		(Stot	te)
23.	EUNERAL DIRECTOR	C CICNIATURE		ADDRECC	1		D BY REGIST	RAR 24b. REGIS	TRAR'S SIC	SNATUR	RE	
. >	Joseph J	· nuss &	and	on nouhline	Ballony.	DATE	C 1 '59	Chri	hun & 1	Kenny		

RUSS FUNERAL HOME, 2222 W. NORTH AVE., BALTO., MD.

attending physician and campletely filled in by the funeral directar, n please remave carban papers. Pages 1 and 2 should be filed with and in any event within 72 haurs after death. may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the page 3 shauld be detached far use as the burial-transit permit. the registrar priar ta burial, crematian, ar remaval, VS A15 (4) 15M 9/SB

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af

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eath. Page 4

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

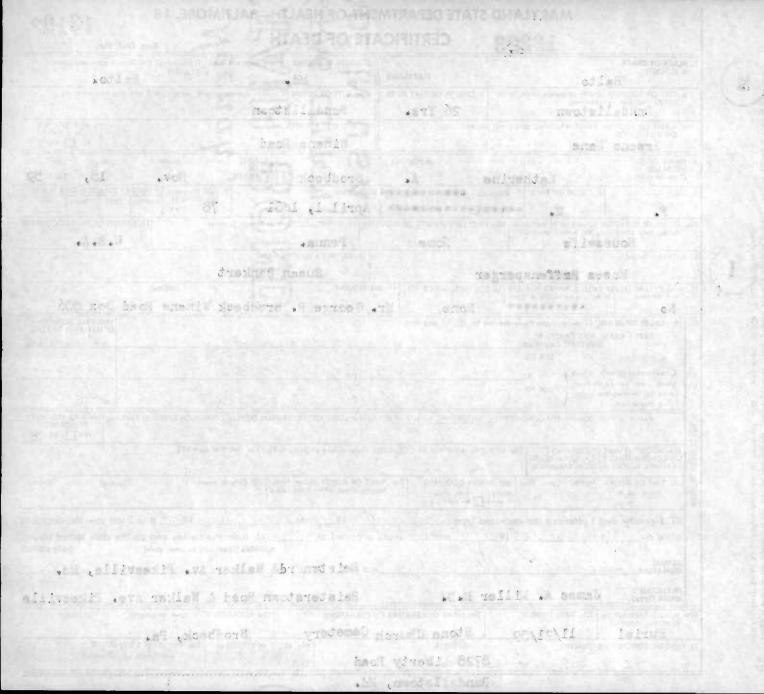
12192

**CERTIFICATE OF DEATH** 12223

Reg. Dist. No.

	Balto	MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Baltoe					
RURAL ond give Rands	allstown	26 Yrs.	c. CITY OR TOWN (If outside corp  X Randallstown	porote limits, write RURAL and g	ive nearest town)			
d. NAME OF HOSP OR INSTITUTION Greens	The same of the sa	street oddress)	/ d. STREET ADDRESS Winans Road		e. 15 RESIDENCE ON A FARM? YES NO			
3. NAME OF DECEASED (Type or print)	. First	Middle	lost 4. DATE OF DEATH	Manth H Nove	Day Year 18, 19 59			
5. SEX	6. COLOR OR RACE 7	· MARRIED 【 PROPER TARREST TO THE PROPERTY OF		9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS. Doys Hours Min.			
during most of wo	ION (Give kind of work dor rking life, even if retired) 286416	10b. KIND OF BUSINESS OR INDU	ISTRY 11. BIRTHPLACE (Stote or foreign Pennae		ZEN OF WHAT COUNTRY?			
13. FATHER'S NAME	ses Raffensp	erger	14. MOTHER'S MAIDEN NAME Susan Banke	ort				
15. WAS DECEASED EV (Yes, no. or unknown)	/ER IN U. S. ARMED FORCE:  (If yes, give year or dates of service  本本本本本本本本本	ce)	nformant . George R. Brodbe	Address ock Winans Road	Box 556			
Conditions, if gave rise ta couse (o), stoting lying couse lost	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  any, which immediate g the under- (c)	e per line far (0), (b), and (c).]  Chr  Cor  FIONS CONTRIBUTING TO DEATH BUT	onic Mycara  onary soleros; 3  Not related to the terminal disea	/s̀	INTERVAL BETWEEN ONSET AND DEATH  A MINING  A MINING  I(a) 19 WAS AUTOPSY PERFORMED?			
	G LI CAUSE OF DEATH Y MEDICAL EXAMINER)  IRY Month, Day, Year	20d. INJURY OCCURRED 20e. Pi	ACE OF INJURY (Home, form, 20f. (Cictory, street, affice bldg., etc.)		YES NO			
		willer In.	accurred at 4.3 A.M. fra	Street, city ar town, state)	e date stated above.  DATE SIGNED  11e, Md. 19/19			
220. BURIAL, CREMATIN	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY 22d. LOCA	ATION (City, tawn, or county)	(State)			
23. FUNERAL DIRECTOR	es signature yers Fun 36	ADDRESS ADDRES	24a. REC'D BY REGIS		NATURE Krama			
10		Randallstown,	Md.					

D FUNERAL DIRECT: After this certificate has been signed by the ottending physician and completely filled in by the ran page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registror priar to burial, cremation, or remaval, and in any event within 72 hayer after death. may be retained TO FUNERAL DIRE TO HOSPITAL OR VS A15 (4) 15M 10/57



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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12193

	199	20	CERTIFIC	ATE OF I	JEAI	н		F	Reg. Dis	t. No.		.,
1. PLACE OF DEATH o. COUNTY	Baltimo	re	MARYLAND	2. USUAL RESI	DENCE (V	Where decease	d lived. If in b. CO	UNTY _	Residence		e admiss	ion)
RURAL and give	sville		NGTH OF STAY IN 16			outside corpo		vrite RUR	AL ond g	ive nea		
d. NAME OF HOSP OR INSTITUTION	1200 Tu		end Dr.	1200	ADDRESS	gwell			rive			FARM?
3. NAME OF DECEASED (Type or print)	Fann:		Middle	Brooks		4. DATE OF DEATH		Month		Day		Yeor 19 <b>59</b>
female	white	WIDOWED	NEVER MARRIED  DIVORCED		8,	1878	9. AGE (In lost birth	yeors IF doy) A		TYEAR Days	Hours Hours	Min.
during most of wo Housewii	ION (Give kind of work rking life, even if retire	k done 10b. KIND ( ed)	OF BUSINESS OR IND		ACE (Sto		country)		100		S.	A.
	J. Price (ER IN U. S. ARMED FO	PRCES? 16. SOCIAL		14. MOTHER'S  INFORMANT  Philip D	111	e Mong		Address	wel		Dr	ive
Conditions, if gove rise to couse (o), storing lying couse lost	the under-	(b) O (c)						N GIVEN	N IN PART		yrs 9. WAS	AUTOPSY
✓ OR CONTRIBUTIN	/AS UNDERLYING  G CAUSE OF DEATH Y MEDICAL EXAMINER	1	IOW INJURY OCCURR	ED. (Enter nature o	of injury i	n Port I or Po	rt II of item 1	8.)				RMED? NO 🚰
20c. TIME OF INJU	IRY Month, Doy, Y	While _ N		PLACE OF INJURY ( octory, street, offic			y or town)		(C	County)		(Stote
	hot I offended the Nov. 18		ond that deat			AM, from ADDRESS (S		es ond town, sto	on the		stoted	
220. BURIAL, CREMATI REMOYAL (Specify Burial	ON, 22b. DATE THERE	OF 22c. 1	NAME OF CEMETERY				TION (City, t		county)		(Stot	e)
23. FUNERAL DIRECTO		A	DDRESS	We or other	- 1-1	C'D BY REGIS	TRAR 24b.	REGISTR	RAR'S SIG			

DATE NOV 2 4 '59

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ottending physicion and campletely filled in ofter de pleose After this certificate has been signed by the as the burial-transit remayal, page 3 should be detached for use the registrar prior to burial may be retained TO FUNERAL DIREC TO HOSPITAL OR VS A1S (4) 1SM 9/S8

Howard H. Hubbard 4107 Wilkens Ave.

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TO FUNERAL DIRECTOR:

VS A15 (4)

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ITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offer death. Page 4

may be retained to the haspital or attending physician.

O FUNERAL DIR

OR. After this certificate has been signed by the attending physician and campletely filled in by the fined or, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, cremation, or removal, and in any event within 72 hours after death.

TO MOS	тоу ре	TO FUNE	poge 3	A Para
1	S /	9/	55	)

12226	CERTIFICA	ALE OF DEATH	Reg. Die	it. No.
1. PLACE OF DEATH g. COUNTY		2. USUAL RESIDENCE (Where	deceased lived. If institution: Residen	ce before admission)
BALTIMORE	MARYLAND	MARYLA	NO S. COUNTY BAL	TIMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outs	ide corporate limits, write RURAL and s	give nearest town)
CATONSYILLE		5º CATO	NSVILLE	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	ddress)	d. STREET ADDRESS		IS RESIDENCE     ON A FARM?
HOUSE IN THE PI	NES	5 ARTI	HUR AYE.	YES NO DB
3. NAME OF DECEASED (Type or print) Bertha	Middle	Brown 4	DATE Month OF DEATH	Day Yeor 1959
5. SEX 6. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH		I YEAR IF UNDER 24 HRS.
FEMALE WHITE WIDOWE	D DIVORCED	FEB. 1.187	8   last birthdoy)   Months	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	CIND OF BUSINESS OR INDUS	STRY 11. BIRTHPLACE (Stole or	foreign country) 12. CIT	IZEN OF WHAT COUNTRY
HOUSEWIFE	OWN HOME	MARYL	AND	1.5.A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NAM	AE	
SAMUEL KEEL	V	KEZI	AH KNIGHT	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S	SOCIAL SECURITY NO 17. II	NFORMANT	Address CA7	OKSYILLE, M
No 2	20-05-5061 MI	R. JOHNH, BR	OWN SARTHU	RAYE
18. CAUSE OF DEATH [Enter only one cause per line	e for (o), (b), and (c).]			INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	bral Hemo	vehare		9 da.
442 × DUE TO	, , , , ,	,0 .		
Conditions, if ony, which ) (b) Cere	bral Orderes	Ecleroses		1030.
gove rise to immediate cause (a), stating the under- lying couse lost.	intensive Care	dis-Tascular-	Renal Disesse	1530
PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	L DISEASE CONDITION GIVEN IN PAR	1 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING CAUSE OF DEATH  OR CONTRIBUTING CAUSE OF DEATH  (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRED	D. (Enter noture of injury in Por	t I or Port II of item 18.)	
20c. TIME OF INJURY Month, Doy, Yeor While of work	Not while fac	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town) (C	County) (Stote)
21. 1 certify that ( attended the decease	d from 2 - 4 -	1956 ta 11-	11- 1959 that (	last saw the decease
alive on 1/-//- 193	-0	occurred at 7.50 P.	M, fram the causes and an t	
	1/		DRESS (Street, city or town, state)	DATE SIGNE
SIGNATURE VILLIAMON K. LOL	lages	M.D. 6209 Fred	derick Ave.	11-11-59
PHYSICIAN'S Wilmer K. Gal	lager	Baltime	ore-28,	M.
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY 22	Rd. LOCATION (City, town, or county)	(Stote)
REMOVAL (Specify) BURIAL 11-14-1959	LORRAIN	E PARK CEM	WOODLAWN.	Mp.
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS TO KSVIL	24a. REC'D E	Y REGISTRAR'S STO	SMATURE
Carroll Lange DL	INUNSYINI	LE, MD, DATE		

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# death. Page 4 may be retained to the hospital ar attending physicion. TO FUNERAL DIRECT: After this certificate hos been signed by the ottending physicion and campletely filled in by the reference of page 3 should be detached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 shauld be filed with the registror priar to burial, cremation, or removal, and in ony event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs aft

MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
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CERTIFICATE OF DEATH

12196

	1227	7	CERTIFIC	-	E OI DEAII	•		Reg. Di	st. No.		
1. PLACE OF DEATH a. COUNTY	Baltimore		MARYLAND		o. STATE Maryl		4	nı Residen Balt			ion)
RURAL and give ne	fautside carporate limi arest tawn) Isterstow		c. LENGTH OF STAY IN 16	×	c. CITY OR TOWN (If o			JRAL ond	give neo	rest town	1)
	AL (If not in hospitol, g Dean Ave	ive street	A	V	d. STREET ADDRESS 17 Dean		DE FINA				IDENCE FARM?
3. NAME OF DECEASED (Type or print)	Harr		Middle Slade	]	lost Brown	4. DATE	Novembe	r 4	Da		Yeor 1959
5. SEX	M	WIDOW		Ap	ate of BIRTH oril 2 188		72 irthday) yrs.	Manths	1 YEAR Days	Haurs	Min.
10a. USUAL OCCUPATION during most of work	N (Give kind of work of ing life, even if retired)	itor	KIND OF BUSINESS OR IND	USTRY	11. BIRTHPLACE (Stote Marylar	ar foreign o	country)	12. CI		F WHAT	COUNTR
13. FATHER'S NAME				14	4. MOTHER'S MAIDEN N				11121		
Ti,	ranklin E	row			Alice F	late:	r	6.2			
15. WAS DECEASEDEVER (Yes, no, or unknown)	R IN U. S. ARMED FOR It yes, give war or dates of s	CES? rvice}			RMANT Elmer Rar	ndall	Reiste:		wn j	Md	
	TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (a DUE TO		ne for (o), (b), ond (c).]						INTE	RVAL BE ET AND 24 1	TWEEN DEATH
Canditions, if ar gave rise to in cause (o), stoting t lying cause last.	ny, which		arcinoma of	th	e lung, ri	t.				1 :	yr.
			contributing to DEATH BU hernias, E					EN IN PAR	T 1(o) 1	PERFO YES	RMED?
	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRISE HOW INJURY OCCUR	RED. (E	nter noture of injury in P	Port I ar Pai	rt II af item 18.)			5	
	Manth, Day, Yes	004 1		octory	OF INJURY (Home, farm, street, office bldg., etc.	, 20f. (City	none	(1	County)		(Stote)
actual signature Physician's	at I attended the L-4-59  D. Cap	deceas _, 19_	ed from 9-30-53	h oc	curred at 7 A	_M, from ADDRESS (S	m the causes a street, city or town, s	nd an ti	he dat	e state	ATE SIGNE
220. BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREC		22c. NAME OF CEMETERY	9		22d, LOCA	TION (City, town, o	r county)	nrul	(Stote	ind
23. FUNERAL DIRECTOR'S	SIGNATURE	r.Son	ADDRESS Persteration	in	2		TRAR 24b. REGIS		GNATUR	E	

VS A1S (4) 15M 9/5S

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. IS RESIDENCE ON A FARM?

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VS A15 (4)

15M 10/57

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BALTIMORE b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street oddress) RURAL - RUXTON 1404 MAYWOOD AVE 1404 Maywood Avenue Middle DECEASED BROWAL ST. DEATH L (Type or print) LOU 9. AGE (In years lost birthdoy)
67 yrs. 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months May 23, 1892 WIDOWED | DIVORCED | 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Fireman B & O Railroad Baltimore U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Stonewall Jackson Brown Maggie A. Massey 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Address Mrs. Lillian M. Brown, 1404 Maywood Avenue no 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] ONSET AND DEATH PART I. DEATH WAS CAUSED BY: ANGIO SARCOMA OF GREATER OMENTUM

DUE TO WITH METASTASIS 5 MOS. Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost.

20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) factory, street, office bldg., etc.) Hour o. m While Not while of work of work 21. I certify that I attended the deceased from JUNE 19, 1959, to NOV 15, 1959, that I last saw the deceased and that death occurred at 9.30 PM, from the causes and on the date stated above. ADDRESS (Street, city or town, state)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY

20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)

PHYSICIAN'S LUTHER E. LITTLE 220. BURIAL, CREMATION, 22b. DATE THEREOF BURTAL (Specify) 11-18-59

20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH

(IF EITHER, NOTIFY MEDICAL EXAMINER)

22c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery

22d. LOCATION (City, town, or county) Woodlawn, Md

Madeson

ADDRESS Wm. Cook-Towson, Inc., 1050 York Road, Zone 4

24a. REC'D BY REGISTRAR DATE NOV 1 9 '59

arthur S. Krous

24b. REGISTRAR'S SIGNATURE

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	34 64 64 9							reg. Dist.	140.	
1. PLACE OF DEATH o. COUNTY	Baltimore		MARYLAI	CTATE	SIDENCE (WH Maryl:		lived. If instituti b. COUNTY		before adm	
b. CITY OR TOWN RURAL ond give TOWSOX		write c.	LENGTH OF STAY IN		ockey:		ote limits, write R	URAL ond give	e nearest to	wn)
d. NAME OF HOSP OR INSTITUTION TOWSOX			ress)	d. STREET	ADDRESS		none		ON	ESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	First Edmund		Middle mpson	Bryan	ast	4. DATE OF DEATH	Mor 11	11-5	Day	Year
5. SEX male	6. COLOR OR RACE 7		NEVER MARRIED	B. DATE OF BIE			9. AGE (In years last birthdoy) 75 yrs.	IF UNDER 1 Y	-	IDER 24 HE
10a. USUAL OCCUPAT	ION (Give kind of work do orking life, even if retired) ambing insp	ne 10b. KIN	D OF BUSINESS OR I	NDUSTRY 11. BIRTH	-	and	1 2		S.A.	I COUNTR'
	Bryan				a Amb					
	/ER IN U. S. ARMED FORCE (If yes, give war ar dates of serv	ice)	-32-0310	INFORMANT Sander	s K.	Bryan	Add 3	bove		
Conditions, if gove rise to couse (o), stoting lying couse lost  PART II. O'	immediate DUE TO	TIONS CON	TRIBUTING TO DEATH	BUT NOT RELATED	TO THE TERMI	INAL DISEASE	CONDITION GIV	/EN IN PART 1	(o) 19. WA	S AUTOPS
200. ACCIDENT WOR CONTRIBUTIN	VAS UNDERLYING   20 G   CAUSE OF DEATH Y MEDICAL EXAMINER)	0b. DESCRIB	E HOW INJURY OCC	JRRED. (Enter noture	of injury in I	Port I or Port	II of item 18.)			□ NO C
20c. TIME OF INJU Hour o. m.	10	20d. INJUI While of work	Not while	e. PLACE OF INJURY foctory, street, off	(Home, form ice bldg., etc	20f. (City	or town)	(Cou	inty)	(Stot
21. I certify olive on	and I oftended the control of the co	19 37	, ond that de	eoth occurred o					dote stot	
220. BURIAL, CREMATI REMOVAL (Specif Buria		9 22	c. NAME OF CEMETE	RY OR CREMATORY			ION (City, town,	. 1	(s	tote)
23. FUNERAL DIRECTO Brooks F1	r's signature uneral Serv	vice,	ADDRESS Towson	4, Md.		D BY REGISTI		strar's SIGN		

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eath. Page 4 After this certificate has been signed by the attending physician and completely filled in by the funeral director, hed for use as the burial-transit permit. Then please remove carbon popers. Pages 1 and 2 shauld be sited with NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

Then pleose

permit.

3

page 3 shauld be detached for use as the burial-transit TO HOSPITAL OR ATTEN May be retained to FUNERAL DIRECTOR: VS A15 (4) 15M 9/5B

the registror prior to burial,

Tokeron W Comeral scent House Bone Bone Bone

evods areas averagined 0:50-52-815

Ernoks Funeral Service, Towson 4, 20.

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VS A15 (4)

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4 hours after death.

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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12232						

	MARYLAND S	TATE DEPARTME	NT OF HEALTH-BALTIMORE, 18	12201
	122 <b>32</b>	RTIFICATI	E OF DEATH Reg. Dis	t. No. 32
1. PLACE OF DEA			2. USUAL RESIDENCE (HOME) OF DECEASE	D
county Bal	Ltimore	MARYLAND	STATE Marylandcounty Ha	rford V
CITY (If outside cor OR and give near	Ltimore reporate limits, write RURAL rest town	LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL end give ne	arest town)
TOWN -	Wilson	104 days	TOWN ROPAIN	12x 2
HOSPITAL OR INSTITUTION OR		P	STREET (If rural give location	
CIREFT ADDRESS -	Mt. Wilson State	Hospital	I state Arm	DYY
3. NAME OF DECEASED	(First)	(Middla)	(Last) 4. DATE (Month)	(Day) (Year)
(Type or Print)	John Ha	enry (a)	mbbell DEATH //	19 1956
	OLOR OR 7. SINGLE, MAI	RRIED, 8. DATE		R 1 YMAR IF UNDER 24 H
m	(Specify)	5 11.	-25-1900 58 yrs. Months	Days Hours Mi
10a, USUAL OCCUPATIO	N (Giva kind of work 10b.	KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foraign country)	2. CITIZEN OF WHAT
retired) Car o	taken Ste	ato Amary	Harford Co. und	USA
3. FATHER'S NAME	100	111110	14. MOTHER'S MAIDEN NAME	
John H	enry Cambl	rell Sr.	Mary asher	
	ER IN U. S ARMED FORCES?	16. SOCIAL SECURITY NO.	17. INFORMANT'& ADDRESS Hospital F	lecords
(Yas, no, or unk.) (If Yo	es, divy wer or datas of sarvical	Hot Known	Mt. Wilson State Hospital	
I DISEASES OR CONDIT	TIONS DIRECTLY LEADING TO DEAT	18. MEDICAL CE	RTIFICATION	INTERVAL BETWEEN
163X IMMEDIAT	F. CAUSE (A)	Carrinas	no Aluna	I Usa.
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DISEASES OR CONDITIO	ONS. IF ANY. (B)		U	
GIVING RISE TO THE A				
I OTHER SIGNIFICANT C	(C) CONDITIONS CONTRIBUTING			
	OT RELATED TO THE			
		GS OF OPERATION		20, AUTOPSY?
DISEASE OR CONDITIO				
DISEASE OR CONDITION 19a. DATE OF OPERATION				
	NDERLYING 21b, PLACE (House of Death OF INJURY stream AL EXAMINER)	loma, farm, factory, at, offica bldg., etc.)	21c. WHERE DID INJURY OCCUR? (City or town) (Con 21f. HOW DID INJURY OCCUR?	

TENERS STATE OFFICE OF THE ASSET OF THE SALTIMORS, TO CERTIFICATE OF DEATH THE ACTOR Indical areas gostal and the state of the s MALE TO A CONTROL OF THE STREET, STREE 

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Manager College

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

VS A1S (4) 1SM 9/SB

eath. Page 4

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
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12233 CERTIFICATE OF DEATH

12202 Reg. Dist. No.

	Baltimo	340		MAR	YLAND	2. USUAL RESI		here deceose	ed lived. If instituti b. COUNTY		e before odm	ission)
b. CIT	Y OR TOWN (IF	outside corporate limi	its, write	c. LENGTH OF STAY	/ IN 1b	-		outside corp	orote limits, write F	URAL ond gi	ive nearest to	wn)
RU	Fort Ho			15 Hrs.20	Min	Balti	more		(13	1) 34	101-4	
d. NA		AL (If not in hospital, g	ive street		ALLAA	d. STREET			1.2	,, ,,		ESIDENCE
part .	Veterar	ns Administ	rati	on Hospita	1	1716	N. Br	oadwa	y Street		ON	A FARM?
3. NAM DECE (Type	e OF (Ser	100 0	" WIL.	Midel		CARROLL)	st	4. DATE OF DEATH	Noven		Doy 9	Yeor 19 59
S. SEX		6. COLOR OR RACE	7. MARR	HED NEVER MARR	IED 🔲	B. DATE OF BIRT	Н		9. AGE (In years		YEAR IF UN	
Mal	e	Colored	WIDOWI	DIVORCE	ED 🔲	Februar	y 22,	1896	63 yrs.	Months	Days Hour	s Min.
duri	IAL OCCUPATION IN MOST OF WORK	N (Give kind of working life, even if retired	)	KIND OF BUSINESS O	OR INDUS				ountry) N. Carol:		S. A	
13. FATH	ER'S NAME					14. MOTHER'S	MAIDEN I	VAME				
Joe	Carrol					Mars	MN:	Unkno	พท			
15. WAS	DECEASED EVER	IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO	o.   II	NFORMANT	2210	01111110	Add	ress		
Yes, no, o	r unknown) (I	f yes, give wor or dates of s	ervice)	5-12-4046		in Rec	VAH E	221+0	18.Md.,I	t How	and Di	wision
		TH [Enter only one co				TH. Mec.	VALLET	Jar of.	10,111,01	O . IIOW	INTERVAL	
10.		TH WAS CAUSED BY:				DICUM T	OTTED .	TODE			ONSET AN	ID DEATH
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	nditions, if on ve rise to in		PUL	RTAL CIRRHO	USIS			3/11			Unkne	wn
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-	ng couse lost.	) (c									1 1 1 1 1 1 1 1 1 1	a AllTopay
		ER SIGNIFICANT CON			EATH BUT	NOI RELATED TO	) IHE IERM	INAL DISEA:	SE CONDITION GI	VEN IN PAKI	PERF	FORMED?
₹ T				ation.							YES [	NO 🗆
OR (IF E	CONTRIBUTING	S UNDERLYING [] CAUSE OF DEATH MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY C	OCCURRE	D. (Enter noture o	of injury in	Port I or Po	rf II or item 18.)		1 1/2	
WEDICAL 20c.	TIME OF INJURY Hour o.m. p.m.	Month, Doy, Ye	While	Not while	20e. PL/ foo	ACE OF INJURY ctory, street, offic	(Home, farn e bldg., etc	n, 20f. (Cit	y or town)	(C	ounty)	(Stote)
21.	I certify the	atx aftended the	deceas	ed from Noven	nber	8 19598	at,3:1	O Pm	to11/8/59	that Llac	t cow the	deceased
Jali	40-OD		19	and that	t death				,	nd on the	date state	ed above
130x	XXXXXXXXX	*****	X-X.X-X	XXXX and ma	dedill	accorred di		ADDRESS (	Street, city or town,	stote)	D <sub>i</sub>	ATE SIGNED
ACT	UAL NATURE	arael	R	Jot		MD VAH, I	T. HOW	VARD D	IVISION J	BALTO.	18,MD.	11/9/
PHY	SICIAN'S HA	ROLD R. JO	HNSOI	N, M.D.		VAH, F	T.HOW	ARD D	IVISION, B	ALTO.1	8,MD.	PT3(3
		V, 22b. DATE THEREC	)F	22c. NAME OF CEM	AETERY O	R CREMATORY		22d. LOCA	TION (City, town,	or county)	(S1	tote)
	NOVAL (Specify)	11-12-5	9	Baltamo	re N	ational	Cem.	Balt	imore. M	ne fvr	d	
-	RAL DIRECTOR'S				lto.			D BY REGIS	TRAR 246. REGI	STRAR'S SIG	NATURE	
Char	les N 1	Lewis Mort	יייי פון				DATE	NOV 1	0 '59	arthur a	7. 7hand	
Char	les N.	Lewis Mort	uary	1039 N. BI	coadw	ay	DATE	be-				

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TO MOSTILAL CR. Assistance of the state of t death: Page 4 TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

VS A15 (4) 15M 9/55

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12234

#### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12203

1. PLACE OF DEATH  o. COUNTY  Bal	timore		MARYL	AND	o. STATE	Mar	yland	d lived. If institut b. COUNTY	3	V01-	41
b. CITY OR TOWN (II RURAL ond give ne Catons		ls, write	2mth 28 dys	N 16				rote limits, write l			vn)
d. NAME OF HOSPIT OR INSTITUTION SPRING G	AL (If not in hospital, g		OSP ITAL		d. STREET A		ork St	reet		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	Fir Ma	rtha	Middle El 16	an	Cavin		4. DATE OF DEATH	Nov.		Day	Yeor 1859
5. SEX female			IED NEVER MARRIED		8. DATE OF BIRTI	1	890	9. AGE (In years lost birthday) 69 yrs.	Months	Doys Hour	7
10a. USUAL OCCUPATIO during most of work housev	N (Give kind of work o	fone 10b.	KIND OF BUSINESS OR	INDUS	STRY 11. BIRTHPL	ACE (Stote	or foreign of	ountry)	1	U. S.	A.
13. FATHER'S NAME					14. MOTHER'S	MAIDEN N	NAME				1407
Unkn	own				Unkr	own					
	R IN U. S. ARMED FOR	ervice)	SOCIAL SECURITY NO.	1	NFORMANT				ress		
unknown		l	Jnknown	Rec	cords:	SPRIN	G GRO	VE STAT	E HOS	SPITAL	
422.1 Conditions, if or	nmediate (	M	Cardiac fai				Hyper	trophy		onset an mon	ths
couse (o), stoting lying couse lost.  PART II. OTH	(c		teriosclero						VEN IN PART	1(o) 19. WAS	ORMED?
	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture o	finjury in I	Port I or Por	t It of item 18.)		YES [.	<b>3</b> NO []
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED  Not while  k of work	20e. PL/ foc	ACE OF INJURY ( tory, street, office	Home, form bldg., etc	n, 20f. (City	or town)	(Co	ounty)	(Stote)
alive onN  ACTUAL SIGNATURE  PHYSICIAN'S A R  PHYSICIAN'S A R  220. BURIAL, CREMATIO REMOVAL (Specify)	15 T 1 D + S N, 226. DATE THEREC 11/24/	59 12 Mi	SIMOPO  22c. NAME OF CEME!	U L	occurred at.  M.D. SPRII	2:45 NG G	AM, from ADDRESS (S) ROVE  1e 28 J  22d. LOCA	STATE F Marylar TION (City, town,	and on the store)  OSPITA  or county)  ORE, 1	AL //	e deceased ted above DATE SIGNED -2/-5
23. FUNERAL DIRECTOR	F. DENNY	INC	ADDRESS 715 LIG	HT	57	24a. REC'	D BY REGIST		Inthun S.		

BALTU, -30, MD.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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		ET U.S. May I Commission
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# HEALTH DEPT.

TO DEPUTY IN CAL EXAMINER: This certificate should be executed within 24 hours after death. If any dela precessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in agy event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

\*\*\*AMEDICAL EXAMINER'S CERTIFICATE OF DEATH\*\*

12205

		- 1 m 1 m 2 m	***								
	OF DEA	TH			2. USUAL	RESIDENCE (W	Vhare dacaased liv	ed, If institutio	n: Residen	ce before a	admission)
a. COU	NIT	Baltimore		MARYLAN	D. STATE	Maryl	and b.	COUNTY	Balti	imore	
b. CITY Wri	OR TOW	N (if outside corporate limi and give neerest town)	ts, c.	LENGTH OF STAY IN	1b c. CITY C	OR TOWN (If oulsi		s, write RURAL	end give	neerest low	(n)
d. NAA	AE OF HO	SPITAL OR INSTITUTION (	if not in hospitet.	give street address)	d. STREE	TOWSO!	41			1 a 15 P	ESIDENCE
		603 Marwood		g,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		100.00	arwood R	had			A FARM?
3. NAME		First	20000	Middle	Lesi	4. I	DATE	Month	Day	Yea	
(Type o		HEL		ELCHTER	CLA		DEATH	Novembe	r 2	3 19	59
S. SEX		6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE OF BIR	TH	9. AGE (In	yeers IF UND	ER 1 YEAR	IF UNDER	24 HRS.
Fema	le l	White	WIDOWED -	DIVORCED T	NOVEMBE	R 9. 1902	last birt	yrs. Months	Days	Hours	Min.
10a. USU/	AL OCCUP	ATION (Give kind of work	106. KIND (	OF BUSINESS OR INDU		LACE (State or fore			CITIZEN C	OF WHAT	OUNTRY?
		working life, even if retire a		TIONE	MAT	RYLAND			USA		
13. FATHE	R'S NAME		OWN	HOME		'S MAIDEN NAME			UDA		
							Ca. 2 (18)				
		RICHTER EVER IN U.S. ARMED FOR	CES2   14 SOC	IAL SECURITY NO.   1	MATI  INFORMANT			1100			
		(If yas give wer or dates of s	ervice)					ddress			-
NO		NONE	NC		MR. THOM	AS J. CL	AGETT 11.	1 603	MARI		ROAD
		P DEATH [Enter only ona	cause per line fo	or (a), (b), end (c).j						TERVAL BET NSET AND I	
	PAKI I, DE	IMMEDIATE CAUSE (a)	Barbi	turate Int	coxication	2.					
8	71.0	DUE TO									4-3-1
Condi	tions, if e	ny, which ) (b)									
gava	rise to imm	ediate cause		-4-10-1		200					
(a), s		Underlying							Y 19		
_		(c) HER SIGNIFICANT CONDI	TIONS CONTRIB	LITING TO DEATH BUT	NOT RELATED TO	THE TERMINAL D	ISEASE CONDITIO	N GIVEN IN D	APT 1(a) ( 1	0 WASA	LITORSY
Ē '	AKI II. OT	TER STOTHT COTTO	1010	011110 10 001111 001	THO THE THE TO	THE TERMINAL DI	JEASE CONDING	TO OTTEN INTE		PERFC	RMED?
5				1						YES X	но 🗌
PRIMA		CONTRIBUTING [		ow injury occure			Part II of item 1B.)				
₹ 20c. 1	TIME OF IN	JURY Month, Day, Ye	er   2Dd. INJUR	RY OCCURRED 20a.			of. (City or town)	((	County)		(Stata)
20c. 1	Hour a.n	77 /00	While	1 dot as tilled	factory, street, offic	a bldg., etc.)			D 311		261
	N.				Home	[32]	Towson			more	
		that I took charge of		/ /	-			nquiry	and	in my o	pinion
death	n resulte	d from: Natural ca	iuses ,	Agcident X . S	uicide, h	tomicide,	Undetermin	ed manner			
		0/0			CHIE	F MEDICAL EXAMI	NER				
SIGN	UAL IATURE_	() Wash	00/	eller.	M.D. ASSI	STANT MEDICAL E	EXAMINER X		r	ATE SIG	NED
EXA	MINER'S	Charles	S. Pett	TO D		TY MEDICAL EXAM			1	1/23/	159
22e. BURIA		TION, 22b. DATE THERE		NAME OF CEMETER		ess (Streat, city, to 22d.	wn, or county) LOCATION (City	, town, or cour	ntry)	(Stat	•)
-	VAL (Spac	11/25/59	RAT	TIMORE NAT	TONAL CE	METERY	CATON	RUTILE		MD.	
-	RAL DIREC			ADDRESS	LACHAE OF	24a. REC'D BY		. REGISTRAR'S	SIGNAT		
your	6/3	ANNO JEN	2		1881	NOV.	0 '59	Callung	8 the	uf.	
JOHN	BURN	SSONS	TOWSON	MARYLAI	NDON	DATE NOV 3	0 00			1 1 1 1	

wine 25 fell at the last the l E SOOL , S MONEMEN 9, 1902 CHE HOUR MARYLAND at T 3 South MARKY RICHTER

NO. WORLD NO. ALTITAS MA. THOMAS J. OLICEPT III 603 MINISTER - Partia Inches Sterios River C. C. CARSON AN EMETING SUPL. 11/25/59 HITHORETAIL, I SPETCHY CITY TILE BUCK TOWARD A FORD TORREST SORE TOWNS MERTINED CONTRACT SORE SERVE MENT

**CERTIFICATE OF DEATH** 

12206

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY B	altimore		MARYLAND	2. USUAL RESIDENCE (W o. STATE Maryla	_	b. COUNTY -	ence before ad ltimor	
RURAL ond give n		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF		imits, write RURAL onc	d give nearest	town)
d. NAME OF HOSPI OR INSTITUTION	rles St.		V - 01 m	d. STREET ADDRESS	rles St	. Ave.	0	RESTDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Fir Jea		Middle Knight	Clarendor	4. DATE OF DEATH	Month Iovember	Day 21	Year 1959
s. sex Male	6. COLOR OR RACE	7. MARR	NEVER MARRIED DIVORCED	B. DATE OF BIRTH Sept. 10	9. A	GE (In years st birthdoy)  53 yrs.	Days Ho	INDER 24 HRS.
100. USUAL OCCUPATION during most of wor Salesman  13. FATHER'S NAME	ON (Give kind af work of king life, even if retired		kind of Business or Indu deral Glass	STRY 11. BIRTHPLACE (Stot	e or foreign country OWS Fall		U.S.A	
15. WAS DECEASED EVE	Weylan C.  R IN U. S. ARMED FOR (If yes, give war or dates of s	CES? 16.		Martha E	night	Address		Ave.
no	(ii yas, gra war ar ar ar ar	08	9-03-5842	Kathrine M.	Claren	don 60	7 Char	eles S
Conditions, if a gove rise to i couse (o), stating lying couse lost.	mmediate the under-	7/	Mys carcies Ontributing to Death But	l suface	fish DISEASE CO	) NDITION GIVEN IN PA	4 ART 1(0) 19. W	1/22/2
20g. ACCIDENT W.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		RIBE HOW INJURY OCCURRE				PE	RFORMED?
20c. TIME OF INJUITED TO ME OF	RY Month, Day, Yee	20d. IN While of work	Not while fa	ACE OF INJURY (Home, far ictary, street, office bldg., e		own)	(County)	(Stote)
21. I certify the olive on  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) F	nat I oftended the  New 19  Redurick	Jec 1	of from July (9, and that death of the control o	M.D. 61002	AM, from the ADDRESS (Street,	couses and on the city or town, state)	he dote sto	
22a. BURIAL, CREMATIC REMOVAL (Specify	ON. 22b. DATE THEREC		22c. NAME OF CEMETERY C			(City, town, or caunty		(Stote)
23. FUNERAL DIRECTOR	11-24-5 'S SIGNATURE	9	St. James ADDRESS Tows	Episcopal 240. REC	D BY REGISTRAR	24b. REGISTRAR'S S	SIGNATURE	

moy be retained the haspital ar ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with VDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. the registrar prior to burial, crematian, or remaval, and in any event within 72 hours after death. TO HOSPITAL OR AT VS A15 (4) 1SM 9/S8

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19930

**CERTIFICATE OF DEATH** 

Pen Dist No

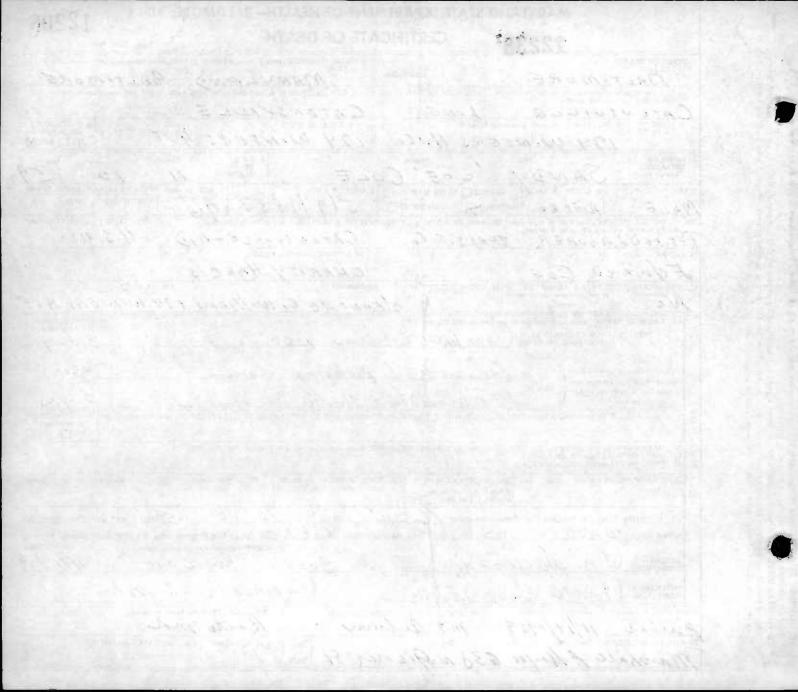
					iteg. Bitt.	
)	1. PLACE OF DEATH O. COUNTY  DRLTIMORE	MARYLAND	2. USUAL RESIDENCE (WHO O. STATE		UNTY	efore admission)
	b. CITY OR TOWN (If outside corporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (IF	outside corporate limits, w		
	RURAL and give nearest town)  CATONSUILLE	LIFE	CATONS	VILLE	52	
	d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	~ ·	d. STREET ADDRESS	Vreas 4	NE	e. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First	Middle	Last	4 DATE	44 45	
	(Type or print) SANDY	-10	LE	4. DATE OF DEATH	11 10	Day Year > 1259
	5. SEX 6. COLOR OR RACE 7. MARRI MAGE WIDOWE		B. DATE OF BIRTH	83 9. AGE (In lost birth		AR IF UNDER 24 HRS. s Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done 10b. I	KIND OF BUSINESS OR INDU!	STRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN	OF WHAT COUNTRY?
	during most of working life, even if retired)	ANSIT CO.	CATONSU	ILLE-m?	). 4.5	. 17
	18. FATHER'S NAME		14. MOTHER'S MAIDEN	NAME		
	EdWARD COE		CHARITY	HARRIS		
1	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, po, or unknown)	SOCIAL SECURITY NO.	NFORMANT		Address	
,	No. grand of acids of savice)	So	ANETE C.	W. Iliams 1	174 WINT	ERS AVE
	18. CAUSE OF DEATH [Enter only one cause per lin PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate	e for (o), (b), and (c).] xe provance eneralised	elar pro	erous.	I N	RITERVAL BETWEEN NSET AND DEATH 3 ( Cys
	couse (o), stoting the <u>under-</u>   DUE TO   lying couse lost. (c)	Rheumatrid	Anthrites	, Denen		2 yns
0	PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CONDITIO	N GIVEN IN PART 1(0	19. WAS AUTOPSY PERFORMED? YES NO
	OR CONTRIBUTING COAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRIBE HOW INJURY OCCURRED	D. (Enter noture af injury in	Port I or Part II of item 1	B.)	
	Hour o. m. While		ACE OF INJURY (Home, form tory, street, office bldg., etc		(Coun	ty) (Stote)
	21. I certify that I attended the decease	ed from / Co Sept	1959, to	10 NOV , 19	59that I last s	aw the deceased
	alive an 10 Nov , 195	9, and that death	accurred at 6:30	M, fram the cause	es and an the do	ate stated above.
	ACTUAL SIGNATURE P. Daniel	2m	M.D. 305A	Wan firs L	town, state) ANC	DATE SIGNED
	PHYSICIAN'S Charles Robert	DAVIDSON	CAY	msville 2	18 md.	,
	220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	mt Aubu	R CREMATORY	Butto n	own, or county)	(State)
	23. FUNERAL DIRECTOR'S SIGNATURE Marchael f. Hayes 6	ADDRESS 38 N. GICM	- (1)	P.BY REGISTRAR 24b.	REGISTRAR'S SIGNA	

**DEUNERAL DIRECTOR:** After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to buriol, cremotian, or removal, and in any event within 72 hours after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retained to haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit.

VS A15 (4) 15M 9/5B

oth. Page 4



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2239	CERTIFICATE	OF DEATH
4633	CERTIFICATE	OF DEATH

Pen Dist No

. PLACE OF DEATH					
a. COUNTY	570 Chalco	t Square	2. USUAL RESIDENCE (Who	ere deceased lived. If institution: Residence b	efore admission)
	Raltimore		Marvl	and b. COUNTY Balti	more Co.
b. CITY OR TOWN (III	If outside carporate limits			utside carporate limits, write RURAL and give	
Foser	27 Md.		54 Essex 21	. Marvland	
d. NAME OF HOSPIT	C 21 Nd . IAL (If not in haspital, giv	ve street address)	d. STREET ADDRESS		e. IS RESIDENCE
OR INSTITUTION	570 Chalcot	: Square	570 Chal	cot Square	ON A FARM? YES NO 🔀
NAME OF DECEASED (Type ar print)	Marie	774 4 4	Coleman	4. DATE Month OF November	Day Year 18 19 59
. SEX Female		7. MARRIED NEVER MARRIED WIDOWED M DIVORCED	B. DATE OF BIRTH NOV. 1. 1889	last birthday) Months Day	AR IF UNDER 24 HRS ys Hours Min.
		ane 10b. KIND OF BUSINESS OR INDU			N OF WHAT COUNTR
during mast af work	king life, even if retired)				
Housewife	2	Retired	Baltimore	All and a second a	5.A.
3. FATHER'S NAME			14. MOTHER'S MAIDEN N.	AME	
Daniel Ty	rlen		Unknown		
. WAS DECEASED EVE		ES? 16. SOCIAL SECURITY NO. 17. I	INFORMANT	Address	
	III yes, give wor or dates of ser No	vice)	race Morano	570 Chalcot Sq. H	Essex 21,
cause (a), stating lying cause last.  PART II. OTH	) (c)_	OUSLAND DEATH BUT	NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION CIVEN IN BAST V	6 yrs
				ANE DISENSE COMPINION OLIVER HA LAKE HE	19. WAS AUTOPSY
					1) 19. WAS AUTOPSY PERFORMED? YES NO
(IF EITHER, NOTIFY		20b. DESCRIBE HOW INJURY OCCURRE			PERFORMED?
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR Hour a. m. p. m.	AS UNDERLYING [] 2 CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW INJURY OCCURRED 206. PL	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	art I ar Part II af item 18.)  20f. (City ar tawn) (Coun	PERFORMED? YES NO 44
20c. TIME OF INJUR Haur a. m. p. m.	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year	20d. INJURY OCCURRED While Nat while at wark of the deceased fram July deceased fram July July July July July July July July	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)	art I ar Part II af item 18.)  20f. (City ar town) (Coun	PERFORMED? YES NO PA
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify th alive an	AS UNDERLYING DEATH CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  10  10  10  10  10  10  10  10  10	206. DESCRIBE HOW INJURY OCCURRED While Not white at work of our work of the deceased from July odeceased	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)  1953, to 10  accourred at 7357  M.D. 108	20f. (City ar town) (County)  M. from the causes and an the	PERFORMED? YES NO E
20c. TIME OF INJUR' Hour a.m. p. m.  21. I certify th alive an	AS UNDERLYING DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  10  10  10  10  10  10  10  10  10	20d. INJURY OCCURRED While Nat while at wark of the deceased from July deceased from July MICELI M.  22c. NAME OF CEMETERY O	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)  1953, to 10 accurred at 7357  M.D. 108	20f. (City ar town) (Councilla of the Internal	PERFORMED? YES NO PARTY  Is saw the decease date stated above DATE SIGN  (State)
20c. TIME OF INJURY Hour a. m. p. m.  21. I certify th alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	AS UNDERLYING DEATH MEDICAL EXAMINER)  Y Month, Day, Year  19  Total attended the control of the	206. DESCRIBE HOW INJURY OCCURRED While Nat white at wark of our wark odeceased from July 1969, and that death MICELI M.	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.)  1953, to 1  accoursed at 2357  M.D. 108  O. 73 all  OR CREMATORY	20f. (City ar town) (County)	PERFORMED? YES NO E

TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and completely filled in by the content of the content o

VS A15 (4) 15M 10/57

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs ofte

death. Page 4

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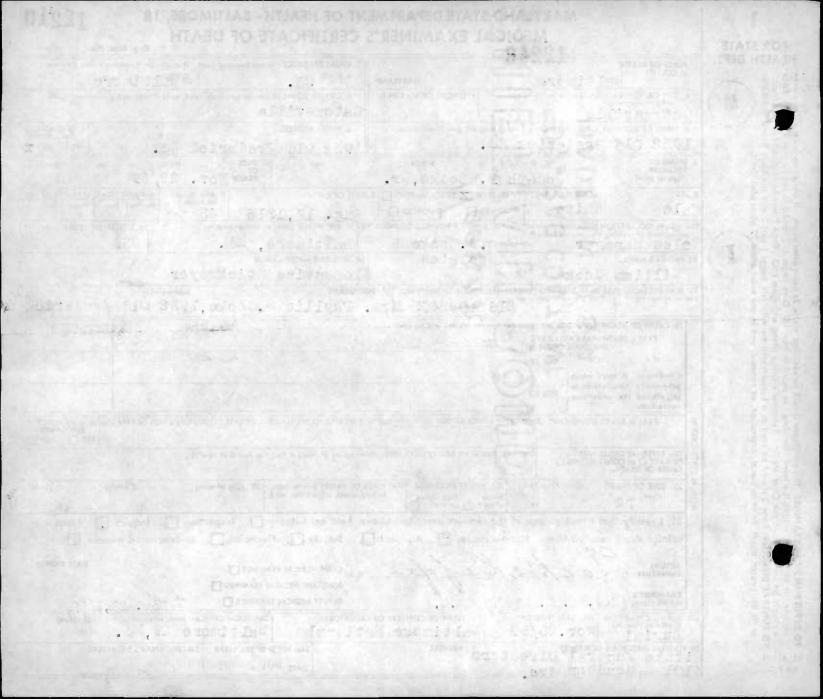
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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	2	2	Ĺ	0

12240	Reg. Dist. No.
1 PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
o. COUNTY Baltimore MARYLAND	o. STATE Md. b. comultimore
b. CITY OR TOWN (If outside corporate limits, write RURAL   C. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Catons ville	Catonsville 52
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS / e. IS RESIDENCE ON A FARM?
1932 Old Frederick Rd.	1932 Old Frederick Rd. YES NOTE
3. NAME OF DECEASED (Type or print) Joseph P. Cooke, Sr.	4. DATE Month Day Year DEATH NOV. 22/59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8	
Male White WIDOWED DIVORCED	Aug. 17,1916 43 yrs. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even if retired)	TRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
Sales Manager Geo.W.Cooke &	Baltimore, Md. USA
13. FATHER'S NAME ASSOCIATES	14. MOTHER'S MAIDEN NAME
William Cooke	Clementine Stickmeyer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	ALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II (You no, or unknown) (If yes, give war or dates at service) 6 10 3403 Mrs	. Phyllis A.Cooke, 1932 Old Frederick
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: Coronary thrombo	
420.1 DUE TO	
Condition 16 at 11 by	
gove rise to immediate couse	
(a), sloting the underlying DUE TO	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY
TAK II. O INCK SICINICAN CONDITIONS CONTINUE TO DEATH BUTT	YES NO PY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT IN  20a. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Part I or Part II of item 18.)
3 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, 120f. (City or town) (County) (State)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED foct while of work of twork of twork of two	ory, street, office bldg., etc.)
21. I certify that I took charge of the remains described abo	ove, held an Autapsy , Inspection  Inquiry and in my
apinion death resulted from: Natural causes Accident	the state of the s
Land of harman	DATE SIGNED
SIGNATURE Les le l'elle fre	M.D. CHIEF MEDICAL EXAMINER
EXAMINER'S	ASSISTANT MEDICAL EXAMINER
NAME (Type) Geo. S. M. Kieffer M.D.	DEPUTY MEDICAL EXAMINER 12 1050
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stote)
Burial Movers/33 Partimore M	ational Baltimore 29, Md.
Vitzke Funeral Directors Address	24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
4101 Famondson Ave.	DATE NOV 2 4 '59 Cirling & Kraus

TO DEPUTY MEDICAL EXAMINER: This certificole should be executed within 24 hours after death. If any delay is necess execute the certifies, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral description of should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained form TO FUNERAL DIRECTOR: Page 3 should be used as a buriol-transit permit. File, pages 1 and 2 with the State Board or its designated agent, prior to burial, cremation, or remard, and in any event within 22 hours after death. VS. A15ME 5M 2/57



#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

1. PLACE OF DEATH O. COUNTY D. COUNT		MARYLAND SI	ATE DEPARTM	ENI OF HEALIH	I—BALTIMORI	:, 18	12211
PLACE OF DEATH		12241	CERTIFICA	ATE OF DEATH		Reg. Dist	, .,
b. CITY OR TOWN If outside corporate limits, write Que necest flows give necest flow	1.	PLACE OF DEATH	MARYLAND			stitution: Residence	
STREET ADDRESS   Color (No. 1)   County   Coun		b. CITY OR TOWN (If autside carporate limits, write RURAL and give neorest town)	ENGTH OF STAY IN 16	c. CITY OR TOWN (IF o	utside corporate limits, w	ite RURAL and gi	ve nearest town)
DECEASED PRINT   19 A COLOR OR RACE   7. MARRIED   NEVER MARRIED   10 DIVORCED   10 DI		NAME OF HOSPITAL (If not in haspital, give street address	Hone.	d. STREET ADDRESS	neth a	ve	ON A FARM?
100. USUAL OCCUPATION/Cive kind of work dane   100. KIND OF BUSINESS OR INDUSTRY/11. BIRTHPROE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY during mouth working life, even if retired   100. KIND OF BUSINESS OR INDUSTRY/11. BIRTHPROE (Stole or foreign country)   12. CITIZEN OF WHAT COUNTRY   13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES? (In. 40. or indication)   (If you give work or date adjaced)   16. SOCIAL SECURITY NO.   INFORMACT	3.	DECEASED (Type or print)	Middle	Cooper	OF A	Month OD.	1 -
13. FATHER'S NAME   14. MOTHER'S MAIDEN NAME   15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   INFORMANT   Address   Ad	S.	10 10	_	8. DATE OF BIRTH	9. AGE (In y lost birthe	lay) Months (	
15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT    15. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT   16. CAUSE OF DEATH   Enter only one couse per line for (a), (b), and (c).		during most of working life, even if retired)	OF BUSINESS OR INDU	Thes	ara		- 17
IB. CAUSE OF DEATH   Enter only one couse per line far, (a), (b), ond (c).		Nathan Cooper		Hyke	AME	ALSE	
PART I. DEATH WAS CAUSE BY: IMMEDIATE CAUSE (o)  DUE TO  Canditions, if any, which gave rise to immediate cause (a), stating the under lying couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO ACCIDENT WAS UNDERLYING CONCREDED OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Manth, Doy, Year While In Mot while In Death Hour o. m.  p. m.  19 diven in 19 div	15	WAS DECEASED EVER IN U. S. ARMED FORÇES? (If yes, give war or dates of pervice)  [If yes, give war or dates of pervice]	AL SECURITY NO.	wing hel	weve -	Address	
Canditions, if any, which gave rise to immediate cause (a), stating the under-lying couse lost.  Part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATISHED CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATISHED CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATISHED CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATISHED CONTRIBUTION CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO STATISHED CONTRIBUTION		PART I. DEATH WAS CAUSED BY:	(a), (b), and (c).]	neter her	ax disea	0	
gave rise to immediate cause (a), stating the under lying couse lost.    PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED?   YES   NO		Canditions if any which )					
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at work 19 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)  21. I certify that I attended the deceased fram 19 4 and that death occurred at 19 4, 19 4 that I ast saw the deceased alive an 19 4, and that death occurred at 19 4, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ROBERT A. Review M.D. Ballward 16 Mg  PHYSICIAN'S Robert A. Review M.D. Ballward 16 Mg		gave rise to immediate cause (a), stating the <u>under-</u>					
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at work 19 20e. PLACE OF INJURY (Hame, farm, factory, street, office bldg., etc.)  21. I certify that I attended the deceased fram 19 4 and that death occurred at 19 4, 19 4 that I ast saw the deceased alive an 19 4, and that death occurred at 19 4, fram the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE ROBERT A. Review M.D. Ballward 16 Mg  PHYSICIAN'S Robert A. Review M.D. Ballward 16 Mg	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	NAL DISEASE CONDITION	GIVEN IN PART	PERFORMED?
21. I certify that I attended the deceased from		200. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	HOW INJURY OCCURRE	D. (Enter noture of injury in I	Part I or Port II of item 18	i.)	
alive an	MEDICAL	Hour o.m. While While	Not while fa			(Co	ounty) (State)
PHYSICIAN'S Robert A. Reiter, M.D. Baltimore 16, Myl		11/10	7	1954 to 10 occurred at 10 th	M, fram the cause	s and an the	date stated above
NAME (Type) 10001 11 (ETEV, ITIA) 1000 (MANOR 10, 10)		SIGNATURE O COLOR OF COLOR	tter	M.D. 3408	Wands	walle	11/19/50
	22	NAME (Type) / 1000 / 1 / 1	eller, Ma	D CREMATORY	22d LOCATION (City to	Wn. or county	(Atote)

15 246. REGISTRAR'S SIGNATURE

24a. REC'D BY REGISTRAS

DATE

may be retained the haspitol ar ottending physician.

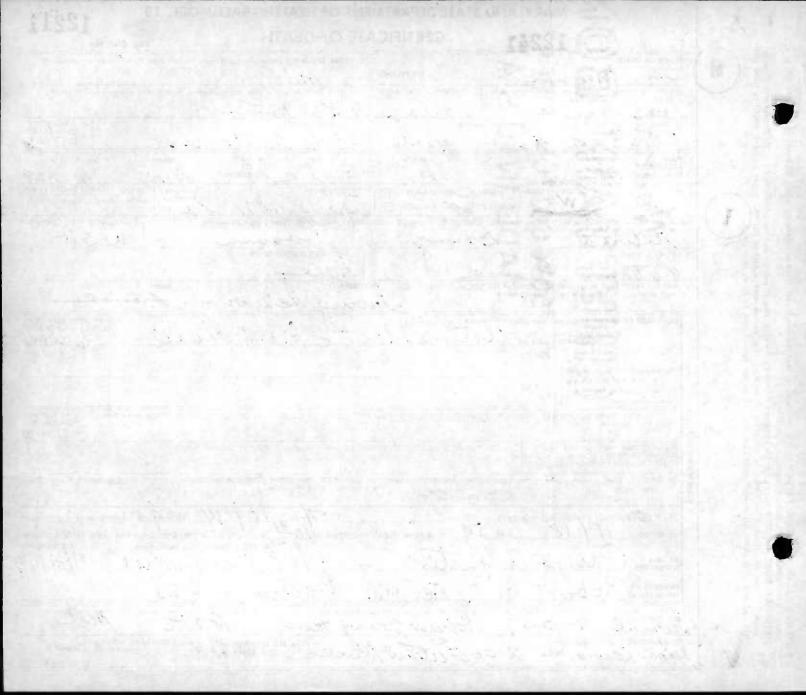
TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician page 3 should be detached far use as the burial-transit TO HOSPITAL OR VS A15 (4) 15M 9/58

ADING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

Then please remove carbon

permit.

the registrar prior to burial, cremation, ar remaval, and in any event within 72 haurs after



death. Page 4

#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12242

CERTIFICATE OF DEATH

12212

								Reg	. Dist. No.		
1. [	PLACE OF DEATH b. COUNTY	Baltimon	.e	MARYLAN	O STATE	DENCE (Where de Land		institution: Res	0 1 1	odmission	on)
1	b. CITY OR TOWN RURAY and pive	(If outside corporate limits, vineorest town) ty	vrite c. LEN	GTH OF STAY IN 1	55 Town	rown (If outside	corporate limits,	write RURAL	ond give nec	irest town)	
	d. NAME OF HOSP OR INSTITUTION	PITAL (If not in hospital, give 1309 Taylo			1 d. STREET A	aylor t	lve.			e. IS RESIL ON A I	FARM?
	NAME OF DECEASED (Type or print)	Terence First		Middle (	OX	4. D		Month	z 5 °°	y Yo	9 59
	male	6. COLOR OR RACE 7.	MARRIED [	DIVORCED	1 1.1.0		9. AGE (I	n yeors thdoy) yrs.	ths Days	Hours	Min.
1	guand	ION (Give kind of work done orking life, even if retired)	Stat		Pen Ines	land'	eign country)	12	USA		COUNTRY
		hn (ox			San	maiden name wah McGu	ire				
	WAS DECEASEDEN	/ER IN U. S. ARMED FORCES   (If yes, give wor or dates of service   none	))	SECURITY NO. 1	John F. (	ox 130	9 Taylo	Address A Ave.			
		EATH [Enter only one cause EATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	per line for (c	elydra						ET AND E	DEATH
	Conditions, if		du	teetind	0 lstn	retien		HE S	2	wel	he
	gove rise to codse (o), statin lying cause lost	g the under- DUE TO	Care	inegra ;	within a	belowen	- orige	inal site	unp	upm.	?
CATION	PART II. O	THER SIGNIFICANT CONDITI	ONS CONTRIE	BUTING TO DEATH	BUT NOT RELATED TO	THE TERMINAL C	ISEASE CONDIT	ON GIVEN IN	PART I(o) 1	PERFOR	NO D
CERTIFI	OR CONTRIBUTIN	VAS UNDERLYING 200 IG CAUSE OF DEATH Y MEDICAL EXAMINER)	DESCRIBE H	OW INJURY OCCU	RRED. (Enter nature o	f injury in Port I	or Port II of item	18.)			
MEDICAL	20c. TIME OF INJU Hour o. m p. m	. 10		OCCURRED 20e of while work	PLACE OF INJURY ( foctory, street, office	Home, form, 201 e bldg., etc.)	f. (City or town)		(County)	36	(Stote)
	alive on	that I attended the de			ath occurred at	L 35 A M, ADDR	ESS (Street, city of	uses and a or lown, state)	in the da	te stated	deceased dabove re signet
	PHYSICIAN'S	Dearle 14	1200	k	M.D	12 Ita	frod Pl.	rest	Bolle,	mel	11/6/
220	P. BURIAL, CREMATI REMOVAL (Specif	ION, 22b. DATE THEREOF	3	NAME OF CEMETER	y OR CREMATORY ral (emet	0	LOCATION (City	111	nty)	(Stote)	
23.	FUNERAL DIRECTO		A	DDRESS	100	24a. REC'D BY		b. REGISTRAR			

may be retained in the hospital or attending physicion.

D FUNERAL DIRE

R: After this certificate has been signed by the ottending physician and completely filled in by the variety of page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 shauld be filed with the registror prior to burial, crematian, or removal, and in any event within 72 hours ofter death. ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs af TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

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	offs, by T. Frenchis			
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**CERTIFICATE OF DEATH** 

12243

12213

	70010				Keg. Dist. No.	
1. PLACE OF DEATH o. COUNTY		ALADVI AND	2. USUAL RESIDENCE (WHO o. STATE		nstitution: Residence befor	e admission)
/	Baltimore	MARYLAND	Maryl	and	Bast.	11111
RURAL and give near		c. LENGTH OF STAY IN 16		( - )	write RURAL and give nea	rest town)
	iddle River	22 6 MO.	53 Baltimo	re (22)		
OR INSTITUTION	(If not in hospital, give street a		d. STREET ADDRESS	71 / O to 1	,	ON A FARM?
Ivy Hall	Convelescent Ho	ome	1826 Walnu	t Ave.		YES NO
3. NAME OF DECEASED	First	Middle	Last	4. DATE OF	Manth Day	Year
	orge J. Cumber			DEATH	11 2	19 59
5. SEX 6	. COLOR OR RACE 7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In last birt	years IF UNDER 1 YEAR hday) Months Days	Haurs Min.
Male	White WIDOWE	DIVORCED [	Jan. 1. 189	-	yrs.	Hauts Mill.
10a. USUAL OCCUPATION during most of working	(Give kind of work done 10b. K	CIND OF BUSINESS OR INDU	STRY 11. 8IRTHPLACE (Stote	or foreign country)	12. CITIZEN OF	WHAT COUNTRY
Pattern		Martins Airer	aft Balti	more, Md.	U.S.	A.
13. FATHER'S NAME			14. MOTHER'S MAIDEN N			
Henry Co	umberland		Margar	et Kellner		
15. WAS DECEASED EVER IN		OCIAL SECURITY NO.	NFORMANT		Address	
Yes, no. or unknown) (If y	res, give war or dates of service)	14-16-9133 B	lizabeth Stoe	cker - 8053	Philadelnh	a Rd.
18. CAUSE OF DEATH	[Enter only one couse per line		1)	1		RVAL BETWEEN
PART 1. DEATH	WAS CAUSED BY:	110011111	Quel 1	0 41-0 4		ET AND DEATH
11001	AMEDIATE CAUSE (o)	4	C Cloud	work.	2	illian
4-2-3	DUE TO	The state of the s	A. Dun	1: 7/mas	1	
Canditians, if any,	rediote	enouseur	our Curu	ac ounce	uli -	
lying cause lost.	under- DUE TO			a.	Anning 2	1111
_	SIGNIFICANT CONDITIONS CO	ONITRIBUITING TO DEATH BUT	NOT BELATED TO THE TERMI	NIAL DISEASE CONDITION	ONI CIVEN IN BART 1/41/19	. WAS AUTOPSY
PART II. OTHER	SIGNIFICANT CONDITIONS CO	DINIKIBUTING TO DEATH BUT	NOT KELATED TO THE TERMI	INAL DISEASE CONDITIO	DIA GIAFIA IM LAKI 1(0)	PERFORMED?
	INDERIVING ET JOH DESC	RIBE HOW INJURY OCCURRE	D (E-1 a-1 a- af i-il a- i- i	Post Los Bost II of Storm	10 1 *	YES NO
OR CONTRIBUTING (IF EITHER, NOTIFY ME	CAUSE OF DEATH	KIBE HOW HAJORI OCCORRE	D. (Enter hotore of infory in t	5	10.7	
			A CE OF WHITEVALL	loor in		
20c. TIME OF INJURY Hour o. m.	While		ACE OF INJURY (Home, form ctory, street, office bldg., etc.		(County)	(Stote
p. m.	19 of work	ot work				
21. I certify that	I attended the decease	d fram	, 19.29, ta 11	1-29 , 1	92 That I last saw	the deceases
alive an / /-	7 , 19 9	24 and that death	accurred at IP	M, fram the caus	es and on the date	stated abave
19	mm.	V ,	0	ADDRESS (Street, city or	town state)	DATE SIGNE
SIGNATURE	1115 am	runge	M.D. 1201	06	MA.	
PHYSICIAN'S	/			2		
NAME (Type)	/					
220. BURIAL, CREMATION,	22b. DATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATION (City,	town, or county)	(Stote)
REMOVAL (Specify)	12-2-59	Sacred Heart	Cemetery	Baltimore	. Md.	1.14
23. FUNERAL DIRECTOR'S		ADDRESS	24o. REC'	D BY REGISTRAR 246	. REGISTRAR'S SIGNATUR	
1 Julis F	Jura 1217	Chesaco Ave.	DATE	EC 2 '59	arthur S. The	M4
A						

Secret J. Carlerland

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Pattern Laker Dertine Adversett Delyteern, dd. U.S.A.

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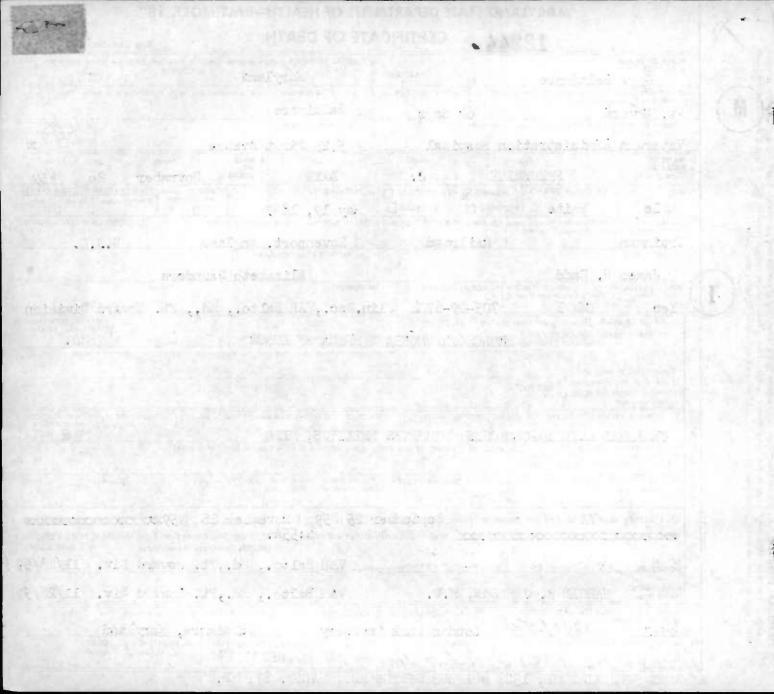
July Chemico Ave.

Aurist 12-1-50 Snored Heart Constant Halticore, Md.

death

HOSPITAL

may



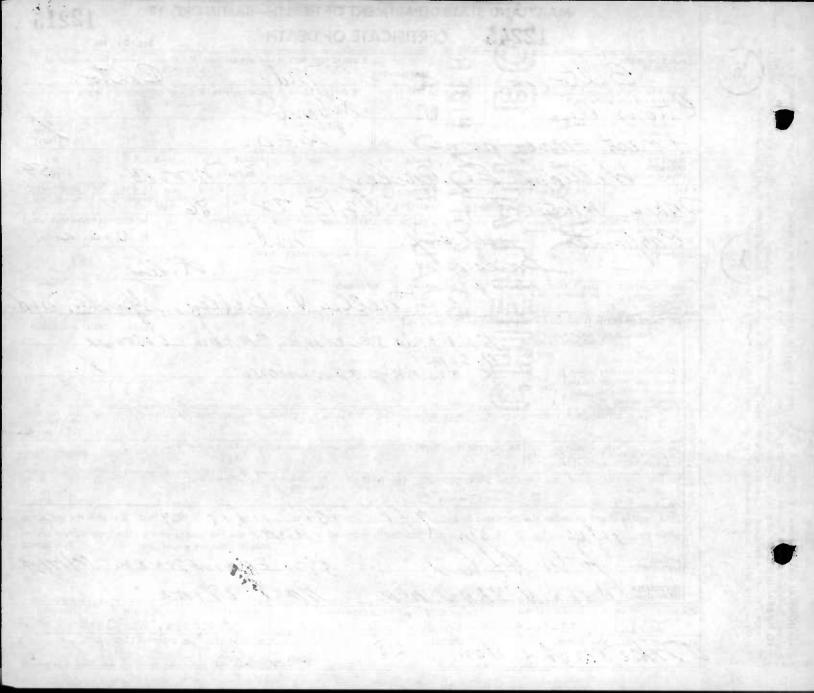
VS A15 (4) 15M 9/5B

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12245

CERTIFICATE OF DEATH

12215

20020				Reg. Dist. No.	
d. COUNTY Butto MARYLAND		a STATE	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE b. COUNTY Bullow		
b EITY OR TOWN (If autside carporate limits, write c. RURAY and give nearest tawn)	LENGTH OF STAY IN 18	c. CITY OR TOWN (	If autside carporate limits, w	rite RURAL and give nearest tawn)	
d. NAME OF HOSPITAL (If not in hospitol, give street address institution Haven he	ess)	d. SPREET ADDRESS	· D .	e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print) Walkam E	Middle	less Last	4. DATE OF DEATH NOT	Manth Day Year 1957	
male White WIDOWED [		12,12,	9. AGE (In ) last birthe	years IF UNDER 1 YEAR IF UNDER 24 HR Manths Doys Hours Min.	
10a. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	of BUSINESS OR INI	DUSTRY 11. BIRTHPLACE (Sto	ate ar foreign country)	12. CITIZEN OF WHAT COUNTR	
13. FATHER'S NAME Daile		14. MOTHER'S MAIDER	N NAME	iley	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give wor or dates of service)	IAL SECURITY NO.	sellie V.	Dailey	Address parler, m	
	SERIA SERSE REMORY	SCLERGOR THRON	CARBIT -	ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CON	TRIBUTING TO DEATH B	UT NOT RELATED TO THE TER	RMINAL DISEASE CONDITION	N GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES □ NO [	
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCUR	RED. (Enter nature af injury	in Port   ar Part    af item 1	3.)	
20c. TIME OF INJURY Manth, Day, Yeor While Hour o. m. 19 at wark		PLACE OF INJURY (Hame, fo factory, street, affice bldg.,		(Caunty) (Stat	
21. I certify that I attended the deceased alive an		19.55, ta		Eg, that I last saw the deceases and on the date stated obays lown, state)  DATE SIGNI	
PHYSICIAN'S SALA A. Sh	out mi	n An	cr. 28/11		
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) Burial 11-19-59	c. NAME OF CEMETERY Loudon Pa	- 0 0 - 0 - 0 - 0 - 0 - 0 - 0 - 0 -	22d. LOCATION (City, to Baltimos	cwn, or county) (State) re, Maryland	
23 FUNGRAL DIRECTOR'S SIGNATURE	ADDRESS /	24a. RI	C'D BY REGISTRAR 24b.	REGISTRAR'S SIGNATURE	



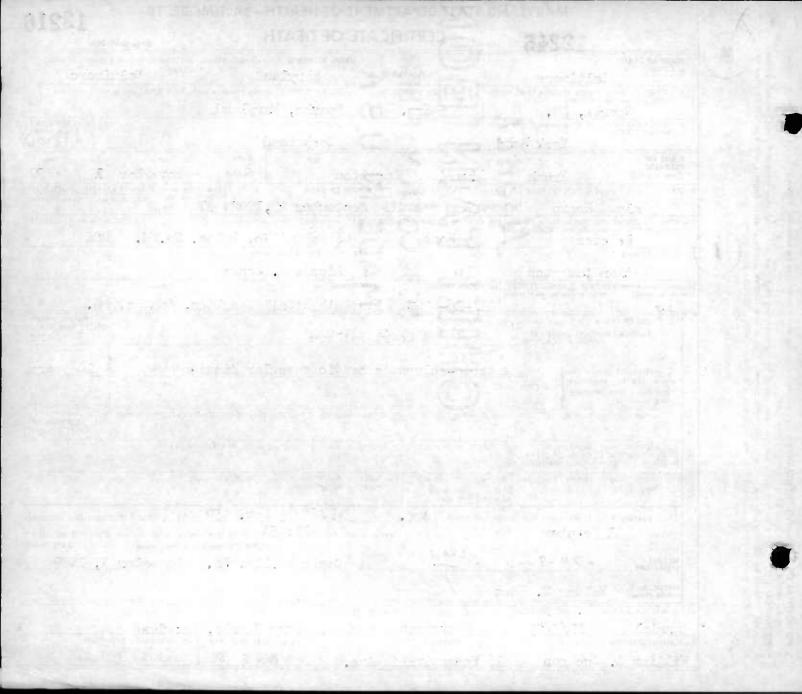
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eath. Poge	be filed with	

y filled in by the fur ages 1 and 2 shauld

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs

	and completely	an papers. P	r death.	(	
	ending physician	lease remove car	ithin 72 hours ofte	/	/
	d by the att	mit. Then p	any event wi		
physicion.	has been signe	riol-transit per	mayal, and in		
I ar arrending	nis certificate	use as the bu	matian, ar re-		
ne haspira	TOR: After th	detoched for	ta burial, cre		
May be refained the haspital of affending physicion.	🔆 TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely	page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. P	the registrar priar ta burial, crematian, ar remayal, and in any event within 72 hours ofter death.		
9	5 (	4)			0

. 10010 22 221										
PLACE OF DEATH     a. COUNTY	Baltimore		MARYLAI		STATE Maryle		b. COUNT	/ _	ce before o	
b. CITY OR TOWN ( RURAL and give n	(If autside corporate limi	its, write	c. LENGTH OF STAY IN	1b c	CITY OR TOWN (II	f autside carporat	limits, write	RURAL and g	give nearest	tawn)
Spa	rks. Md.		45 Yrs.	X	Sparks,	Maryland				
d. NAME OF HOSPI OR INSTITUTION	TAL (If nat in hospital, g	give street	oddress)	10	. STREET ADDRESS					S RESIDENCE
	York F	load	Section 1		York Ros	ad				ES NO
3. NAME OF DECEASED (Type ar print)	Frank	-	Middle Edward D	aught	Last	4. DATE OF DEATH	om Vol	nth rember	Day	Year 19 5
S. SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8. DA	E OF BIRTH	9.	AGE (In years last birthday)			UNDER 24
Male	Negro	WIDOW	ED DIVORCED	□ Se	ptember 2	7.1902	57 yrs		Days H	aurs Mi
On. USUAL OCCUPATI	ON (Give kind of work	dane 10b.	KIND OF BUSINESS OR I				try)	12. CITI	ZEN OF WI	HAT COUNT
	orer	'	None		Cockeysvi	lle, Bal	to. Co.	Md.	USA	
3. FATHER'S NAME				14.	MOTHER'S MAIDEN	NAME				
Natha	n Daughton			-3	Lizzie M	Jones				
5. WAS DECEASED EVI	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INFOR/	AANT		Add	dress	11 - 11	To be and
no	(ii yes, give war or bares or s		14-16-6908	Eliza	beth McCa	11 Daugh	ton. Sr	arks.	Md.	
18. CAUSE OF DE	ATH [Enter anly one co	use per li	ine far (a), (b), and (c).]						INTERV	AL BETWEE
PART I. DE	ATH WAS CAUSED BY:	1	Hea	rt Fa	ilure				ONSE!	Vear
422.1	DUE TO									
Canditians, if a	any, which )	Art	erio-sclerot	ic ca	rdio vasc	ular dis	ease		10	vear
gave rise to cause (a), stating		-			Part L					
lying cause last.		:)								
S	HER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEATH	BUT NOT	RELATED TO THE TER	MINAL DISEASE C	ONDITION GI	VEN IN PAR	P	WAS AUTOI PERFORMED ES NO
OR CONTRIBUTING	AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCC	URRED. (Ent	er nature af injury i	n Part I ar Part II	af item 18.)			
	RY Manth, Day, Ye	ar 20d. I	NJURY OCCURRED 20	e. PLACE O	F INJURY (Hame, fa	rm, 20f. (City ar	tawn)	(0	Caunty)	(SI
Hour a.m.	19	While at war	Nat while	factory,	treet, office bldg., e	etc.)				
	hat I attanded the		sed fram Aug		10 16 4-	Nov. 5	9 10	45 -4 1 1-		
			59 and that de							
dive dil	/		. /	earn acc	irred di ala e O	ADDRESS (Stree			e date st	DATE SIG
ACTUAL SIGNATURE	walter	1.	1000	M.D.	Cockeysv				1, 1	
PHYSICIAN'S NAME (Type)	Walter T. H	Cees							en (m an en en en en a	
	ON, 226. DATE THEREC	)F	22c. NAME OF CEMETE	RY OR CRE	MATORY	22d. LOCATIO	N (City, town,	ar county)		(State)
Burial Specify	11/5/59		Stevenson	Churc	n Cemeter	y Sparks	. Marvl	land		
3. FUNERAL DIRECTOR	R'S SIGNATURE		ADDRESS		24a. RE	C'D BY REGISTRA	24b. REG	ISTRAR'S SIC	GNATURE	
William A	Tankson	016	Ponnarelroni	o A-110	DATE	NOV 5 '59	C	athur &	Henred	



12217

	1224	7 CERTIF	CATE OF DEAT	П		Reg. Dist. N	io.	
1. PLACE OF DEATH o. COUNTY	Baltimore	MARYLA	2. USUAL RESIDENCE (Vo. STATE Mar	Where deceosed by yland	lived. If institution b. COUNTY	on: Residence be	fore admission	n) /
b. CITY OR TOWN (I RURAL ond give no Cator	If outside corporate limits, sorest town)	c. LENGTH OF STAY IN  1 mth 4dys	Balti		te limits, write R	URAL and give r	learest town)	
d. NAME OF HOSPIT OR INSTITUTION SPRING	TAL (If not in hospital, give CROVE STATE		d. STREET ADDRESS 1215 N. Au	gusta Av	renue		e. IS RESIDI	ARM?
3. NAME OF DECEASED (Type or print)	First Helen	D. Middle	Davids	4. DATE OF DEATH	Mon Nove		Day Yes	59
female	white w	MARRIED NEVER MARRIED  VIDOWED DIVORCED	April 22,	IXXX	AGE (In yeors 6233 Ars.	Months Day	Hours	Min.
during most of world tele	on (Give kind of work don king life, even if retired) phone operato	or U.S.Steam	ship Co.	Maryland			S. A.	OUNTRY
Joseph				ry Short				
	R IN U. S. ARMED FORCE: (If yes, give wor or dates of service		17. INFORMANT Records: SPR	ING GRO	Add OVE STA		PITAL	
PART I. DEA 540.1 Conditions, if o gove rise to i couse (o), stoting lying couse lost.	ATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO  ny, which mmediate  (b)	e per line for (o), (b), ond (c).]  Generalized pe  Perforated gas				IN O	ITERVAL BETW	VEEN EATH
20a. ACCIDENT WA	Arter	TIONS CONTRIBUTING TO DEATH  OSCIPTOTIC CRI  DESCRIBE HOW INJURY OCC	diovascular di	sease		EN IN PART 1(o)	PERFORM	OTOPSY MED? NO
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED While Not while of work Ot work	e. PLACE OF INJURY (Home, fo foctory, street, office bldg., e		er town)	(Count	у)	(Stote)
21. I certify the alive on No	v. 17	eceased from Octob , 19_59_, and that d	eath accurred at 11:5	5pM, fram	the causes o	and on the d	late stated	above E SIGNE
PHYSICIAN'S NAME (Type)	Stella Wach			ille 28				
Bur 181	226. DATE THEREOF	New Cath	RY OR CREMATORY  edral Cemete		ON (City, town, o		y land	
23. FUNERAL DIRECTOR	S SIGNATURE Hubband	ADDRESS		C'D BY REGISTRA		STRAR'S SIGNAT		

4107 Wilkens Ave. DATE NOV 2 0 '59

may be retained. The haspital or attending physician.

• FUNERAL DIRECTOR: After this certificate has been signed by the attending physicion and campletely filled in by the Fune page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should the registror prior to burial, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

Howard H. Hubbard KX

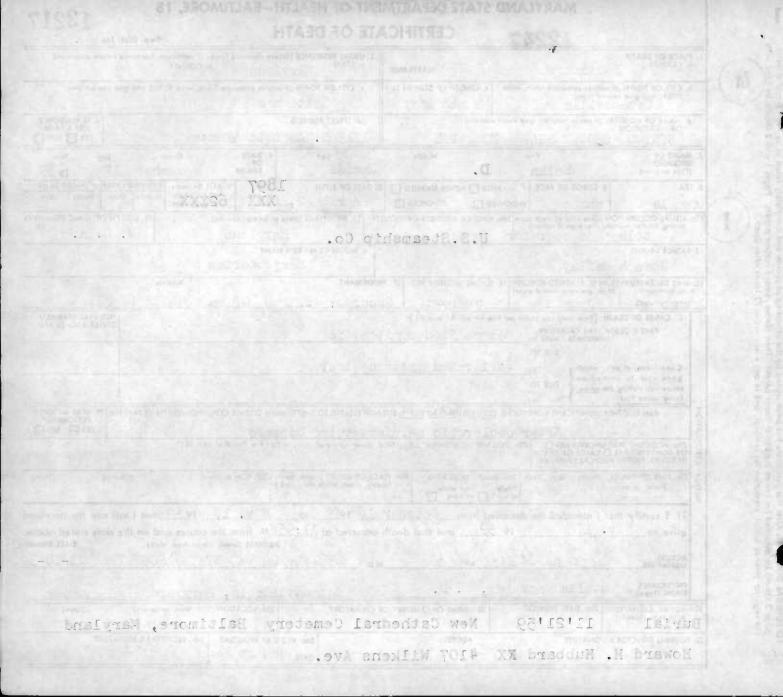
funeral director, ald be filed with

N.

0/4

death. Page 4

ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours



## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EVAMINEDIS CEDTIEICATE OF BEATH

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 T.	2	4	1	"

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	1210	C	LEXAIT	IIIAEK 3	CERTI	FICA	IE OF L	EAIN	Reg.	Dist. No		TO
1. PLACE OF DEATH	ltimore	0		MARYLAND	2. USUAL RE 0. STATE	SIDENCE ()	Where deceased	lived. If institu				ission)
b. CITY OR TOWN IT	t outside corporate limits, writ	* RURAL	c. LENGTH OF	STAY IN 16		ounds	f outside corpor	ote limits, write	RURAL o	nd give n	earest to	wn)
d. NAME OF HOSPIT	or institution (D76 Larkh	all Re	ital, give street	address)	d. STREET		Larkh	ll Rd	•		e. IS R ON YES	ESIDENCE
3. NAME OF DECEASED (Type or print)	Jame:		Fran		Davis		4. DATE OF DEATH	Nov.		Day	1	9 59
s. sex Male	6. COLOR OR RACE White	WIDOWED	DIVO	RCED 🔲	Nov.	18,	1923	AGE (In years lost big by)	Months	R TYEAR Doys	IF UND Hours	ER 24 HRS Min.
during most of warking	ON (Give kind of work no life, wen if retired)	done 10b. Kil	no of Busines	ss or industr	Sout	ACE (Slote	or foreign cour	itry)		S.		COUNTRY
13. FATHER'S NAME Mims	s Davis				14. MOTHER'S		Rivers	<del>7</del> 23				
15. WAS DECEASED EV	TER IN U. S. ARMED FO	and the ball	51-26-		FORMANT	zilee	Davis	3 2076	Lar	kha	11 F	Rd.
974 X	TH [Enier only one country one	1/	r (a), (b), and (		ion =	(H	BNGIN	6)		INTE	RVAL BETWI	EEN ATH
Canditions, if o gove rise to immed (a), stoting the couse lost.	diote couse		ATRIBUTING TO	DEATH BLIT N	OI RELATED TO	THE TERM	A SAFAIR NAME	ONIGITION CIV	Shi bi Ba		0.14/40	
\$									EN IN PA		PERFO	RMED?
	NTRIBUTING []	TUN	6 97	57+	trom	St	HOR Part II of	4 R	AIL	No		1
20 TIME OF INJU	// - 6 19 -	TO While of work	JURY OCCURRE Nat while at work	ED 20e. PLAC	E OF INJURY (I	Home, form bldg., etc.	201. Tolly or	lown) whate.	- 1/2	unty)	7 7	My (Stale)
	hat I took charge							ection 1	Inqui	, (20)		d in my
opinion death	resulted from: 1	Natural co	iuses [],	Accident [	, Suicide		Hamicide [	], Undeter	rmined	manne	r 🗆	
ACTUAL SIGNATURE	11/3 B	a	us		_ M.D.		AMINER [		11	1 -1	DATE S	IGNED
EXAMINER'S NAME (Type)	7.B.D	Avis	m.	)			EXAMINER T		///	1	29	
220. BURIAL, CREMATIC BULL (Specify)			2c. NAME OF	EMETERY OR	CREMATORY		Cheste:	rfield,	Sout	h Ca	roli	na
23. FUNERAL DIRECTOR John J. D	rs signature Juda: 7922 W:	ise Ave	ADDRESS 9. 22, 1	Marylan	ıd	24a. REC'	D BY REGISTRAF		TRAR'S SI			

DATE

TO DEPUTY MEDICAL EXAMINER: This certificate shavid be executed within 24 haurs after death. If any delay is necessary, please execute the certifie, writing the ward "pending" in pending them, 18. Give Pages 1, 2, and 3 to the funeral of 10. Page 4 shauld be far ded to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the State Baard af. Health, or its designated agent, priar to burial, cremation, or removal, and in any event within 72 hours after death. VS. AISME 5M 2/57

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		THE REAL PROPERTY.	
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		The second secon	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ALSA CAROLE AT THE	CERTIFICATE OF DEATH	
	Bur Hann	
	and a supplier of the special contraction	
		A street of the second
		The second second
		21.1 omily that I are deal distributions (C.1)
	MIL TO SHOULD BE SHOULD	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours a

may be retained TO FUNERAL DIRE

VS A15 (4) 15M 10/57

**CERTIFICATE OF DEATH** 12207

Reg. Dist. No.

1	. PLACE OF DEATH	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
	O. COUNTY BOLTIMORE MARYLAND	o. STATE Maryland b. COUNTY Baltimere
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)
	Holethorpe 315,	SHale Thurpe
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS e. IS RESIDENCE ON A FARM?
	5654 Carville HIL	5654 Carville Ave YES NOW
3	NAME OF First Middle	Last 4. DATE Month Day Year
	(Type or print) LIIIIan M. Daws	ON DEATH NOVEMBER 241939
5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
	Pemale White WIDOWED DIVORCED	March 28, 1898 (3/ yrs.)
6 "	Da. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	JSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY
1	HOUSEWORK OWNHOME	Mary land U.S.14.
1	D. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	John W. Jawson	Mary H. 131995
	S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.  (If yes, give wor or dotes of service)	INFORMANT Address
-	NO	TONENCER LOWSON 5654 COLVILLELL
	18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (0)	Je edema 2 hrs
	4/6× DUE TO	+ 110 0 11 +0' 11 04
	Conditions, if any, which gove rise to immediate (b) Whome Kulli	inalle Valvillen Hast Reese under
	cause (a), stoting the under-	
12	lying cause lost. (c) (c)	TANOT DELL'ATTO A TANOTA DELL'AT
7 2	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
		TED. Achter nature of injury in Part I ar Port II af item 18.)
CEPTIE		D. Juner harvie of injury in Part I of Port II of them 18.1
No.	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. Pl	LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
MEDI	P. m. 19 While Not while of wark Of wark	
	21. I certify that I attended the deceased fram Post 10	1957, to Mov. 24, 1959, that I last saw the decease
	alive an May 20, 1959, and that death	occurred at 11:00PM, fram the causes and an the date stated above
	11 11 2 1 1	ADDRESS (Street, city or town, stote) DATE SIGNED
	SIGNATURE ( Oradly Laugharthy	MD 1264 trancis line Balto 27 Mg 11-25.
L	PHYSICIAN'S DO 1 41	115 1 (22)
	NAME (Typo) 12 radiey H. Daugharthy	1264 Francis Hue (2)
2	PO. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
-	Durial 1/20107 Ledar 17/11	Cemetery Boltimore, Maryland
1	I. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	249. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
1	timbrose INC. 13243 (1844) Sprin	g Rd DATE NOV 27 '58 Onther B. Houten

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	Appelations  as Product Development  as Product Development		
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may be retained TO FUNERAL DIRE TO HOSPITAL OR

VS A15 (4) 15M 10/57

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19949

**CERTIFICATE OF DEATH** 

Rea. Dist. No.

12221

5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE (in year)   If UNDER 12   Intelligence   In											
RUPAL ond give necestations)  ANAME OF HOSPITAL (if no in hospital, give street address)  A. NAME OF HOSPITAL (if no in hospital, give street address)  A. NAME OF CHOSPITAL (if no in hospital, give street address)  A. NAME OF OF CASTA (if no in hospital, give street address)  A. NAME OF OF DECEASE  A. OLIOR OR BACE  A. Middle  Los  A. DATE  DOWNORD  D. OVER THE STORM  November  A. OLIOR OR BACE  A. COLOR OR BACE  A. MARRIED   NEVER MARRIED   S. DATE OF BIRTH  November  A. DATE  DOWNORD  D. OVER DECEASE  (if birthody)  March 3, 1867  P. ACE (in your life birthody)  A. DATE  DOWNORD  D. ACE (in your life birthody)  A. DATE  DOWNORD  D. ACE (in your life birthody)  A. DATE  A. DATE  D. ACE (in your life birthody)  A. DATE  A. DATE  D. ACE (in your life birthody)  A. DATE  A. DATE  A. DATE  D. ACE (in your life birthody)  A. DATE  A. DATE  A. DATE  A. DATE  D. ACE (in your life birthody)  A. DATE  A. DATE  A. DATE  A. DATE  A. DATE  A. DATE  D. ACE (in your life birthody)  A. DATE  D. ACE	o. COUNTY	ltimore		MARYLAN	11	o. STATE	12 17 17 17 17 17 17 17 17 17 17 17 17 17		,		nission)
d. NAME OF HOSPITAL (If not in hospitol. give street address) OR INSTITUTION OR I	RURAL ond give	nearest town)		c. LENGTH OF STAY IN	ТЬ		outside corpo	rate limits, write			own)
OR INSTITUTION  Glenarm Road					X				Tows		
DECEASED Print)  Sister Mary Fidelia De Katow  DEATH November 27 197  S. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED   REPORT   Name of position of the	d. NAME OF HOSE OR INSTITUTION	J		address)			Road			10	A FARM?
Pemale   White   WIDOWED   DIVORCED   March 3, 1867   Substant   Days   Hours   March 3, 1867   Power   Power   March 3, 1867   Power   March 3, 1867   Power   Power   March 3, 1867   Power   March 3, 1867   Power   Power   Power   Power   March 3, 1867   Power   Powe	DECEASED				COW	Lost	OF				Yeor 19 59
DIOURCED   March 3, 1867 92 yr.   12. CITIZEN OF WHAT COULD ID. USUAL OCCUPATION (Give kind of work down during most of working life, even if refined)   12. CITIZEN OF WHAT COULD during most of working life, even if refined   12. CITIZEN OF WHAT COULD Philadelphia, Pa.   12. CITIZEN Philadelphia,	5. SEX	6. COLOR OR RACE	7. MARE	RIED NEVER MARRIED	] B. C	ATE OF BIRTH		9. AGE (In years			7
The part of working life, even if relired   RELIGIOUS.   Philadelphia, Pa.   U.S.A.	Female	White	WIDOW	ED DIVORCED		March 3, 18	367			Days Hou	rs Min.
13. FATHER'S NAME Alphonse De Katow  15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Sister M. Peter Fourier Notch Cliff, Md Sister M. Peter Fourier Notch Cliff, Md PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE OF DUE TO Conditions, if ony, which gove rise to immediate couse (o), Isoling the under Uping couse lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (o) IP. WAS AUTO PERFORME (FETHER NOTIFY MEDICAL EXAMINER)  20c. ACCIDENT WAS UNDERLYING (County)  20c. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Day, Year Hour c. m. 19 Oct. TIME OF INJURY Month, Oct. No. 20c. TIME OF INJURY Month, Oct. No. 21 Oct. TIME OF INJURY MONTH, OCCURRED ADDRESS (Street, city or Iown, stole)  ADDRESS (Street, city or Iown, stole)  ACTUAL SIGNATURE  PARTILL DEFENCE OF SURVEY MARK (19ps)  Charles F. O Donnell M.D. 22 Oct. DESCRIPTION  23 ENDERAL DEFENCE OF SURVEY MARK (19ps)  Charles F. O Donnell M.D. 23 ENDERAL DEFENCE OF SURVEY MARK (19ps)  Charles T. C. M. ARCHARLES F. O DONNELL MARK A CEM.  NOTHER TOWNS AND THE	during most of we	orking life, even if retired							12. CITI		
Alphonse De Katow  15. WAS DECEASED EVER IN U. S. ARNED FORCES? 10. SOCIAL SECURITY NO. 17. INFORMANT  Sister M. Peter Fourier  Notch Cliff, Mo  18. CAUSE OF DEATH [Enter only one couse per line for (o). (b). and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Londitions, if ony, which gove rise to immediate couse (o), steling the under  10. Canditions, or the under  10. Canditions of the under  10. Canditions		, 1		TALIGIOUS				10.		0.0.2	•
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECURITY NO. 17. INFORMANT Sister M. Peter Fourier Notch Cliff, Md  18. CAUSE OF DEATH [Enier only one cause per line for (o). (b). ond (c).]  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)  INTERVAL BETWEE  PART I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (b)  DUE TO  Conditions, if only, which gove rise to immediate couse (o). stoling the under-lying cause lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOFERD OR CONTRIBUTING CAUSE OF DEATH U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOFERD OR CONTRIBUTING CAUSE OF DEATH U. OTHER SIGNIFICANT CONDITIONS CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CONTRIBUTED CONTRIBUTIONS CON		e De Katou					5				
It yes, give were or dates of service)   Sister M. Peter Fourier Notch Cliff, M.   18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY: Intestinal obstruction   Interview on Nost and DEA 10 days			CEC2 14	COCIAL SECURITY NO. 1	7 10150		6	4.4			
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY: Intestinal obstruction   10 days     10 days     10 days   10 days     10 days     10 days   10 days     10 days     10 days   10 days     10 days				SOCIAL SECURITY NO.			73		ERIT	03:00	3.4.1
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DUE TO   Jying cause lost.   Due To   Due To   Jying cause lost.   Due To   Due To   Jying cause lost.   Due To   PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)   19. Was AUTO   PERFORMENT IN PART 1		, 10	Ce	ancer of bowe	els					2 y	rs
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20c. TIME OF INJURY Month, Day, Year Hour o. m., p. m. 19 While at work of wor	PART II. O	THER SIGNIFICANT CON	DITIONS (	CONTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERA	MINAL DISEAS	E CONDITION G	VEN IN PART	PER	FORMED?
21. I certify that I attended the deceased fram Aug., 1954, to November, 1959, that I last saw the decade alive on November 1959, and that death occurred at 7.104 M, fram the causes and an the date stated and ADDRESS (Street, city or town, stote)  ACTUAL SIGNATURE CONTROL OF DONNELL N.D. 7501 York Road Toward, 4, 11/25  PHYSICIAN'S NAME (Type) Charles F. 0' Donnell N.D.  220. BURIAL CREMATION. REMOVAL (Specify) 11 - 27 - 59, VILLA MARIA CEM. NO TCH CLIFF NR TOWARD N.D. 123 FUNDERS SIGNATURE.		VAS UNDERLYING [] IG [] CAUSE OF DEATH Y MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	IRRED. (E	nter nature af injury in	Part I or Part	II of item 1B.)			
alive on November 724 , 19 59 , and that death occurred at 7.104 M, from the causes and an the date stated a  ADDRESS (Street, city or town, stote)  DATE S  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Charles F. 0' Donnell M.D.  220. BURIAL, CREMATION. REMOVAL (Specify)  11 - 27 - 59, VILLA MARIA CEM.  NO TCH CLIFF NR TOWNS ADDRESS  23 FUNDERAL DIRECTOR'S SIGNATURE  24 PROJECTOR'S SIGNATURE	20c. TIME OF INJU	. 10	While	Not while	PLACE factory	OF INJURY (Home, for, street, affice bldg., et	m, 20f. (City	or town)	(Co	ounty)	(State)
alive on November 724 , 19 59 , and that death occurred at 7.104 M, from the causes and an the date stated a  ADDRESS (Street, city or town, stote)  DATE S  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  Charles F. 0' Donnell M.D.  220. BURIAL, CREMATION. REMOVAL (Specify)  11 - 27 - 59, VILLA MARIA CEM.  NO TCH CLIFF NR TOWNS ADDRESS  23 FUNDERAL DIRECTOR'S SIGNATURE  24 PROJECTOR'S SIGNATURE	21. I certify	that Lattended the	deceas	ed from Aug.		1954 to N	ovembe	r 1959	that I le	ast saw th	e decens
ACTUAL SIGNATURE ADDRESS (Street, city or fown, stote)  ACTUAL SIGNATURE ADDRESS (Street, city or fown, stote)  PHYSICIAN'S NAME (Type) Charles F. O' Donnell M.D.  220. BURIAL, CREMATION, REMOVAL (Specify)  11 - 27 - 59, VILLA MARIA CEM. NO TCH CLIFF NR TOWNS ON ADDRESS  23. BURIAL DIPECTOR'S SIGNATURE  24. ADDRESS (Street, city or fown, stote)  ADDRESS (Street, city or fown, stote)  DATE S  ADDRESS (STREET, CITY OF FOWN, STOTE)					oth oc						
PHYSICIAN'S NAME (Type) Charles F. O' Donnell M.D.  220. BURIAL, CREMATION, REMOVAL (Specify) 11 - 27 - 59, VILLA MARIA CEM. NO TCH CLIFF NR TOWNS NAME (Type) NAME (TYPE) NO TCH CLIFF NR TOWNS NAME (TYPE) NAM	dive on	1/1/1/10		Jana mar de	ani oc	correct of 17 5355				e dale si	DATE SIGN
PHYSICIAN'S NAME (Type) Charles F. O'Donnell M.D.  220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify 11 - 27 - 59. VILLA MARIA CEM. NOTCH CLIFF NR TOWN A TOWN	ACTUAL	Mulles	4	Of Grands	011	7501 You		Water Street		14 1	1/05/5
NAME (Type) Charles F. O'Donnell M.D.  220. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 11 - 27 - 59. VILLA MARIA CEM. NO TCH CLIFF NR TOWNS OF THE PROPERTY OF CREMATORY 22d. LOCATION (City, town, or county) (Stote)  23. FINNERAL DIRECTOR'S SIGNATURE 22d. ADDRESS 22d. DESCRIPTION SIGNATURE 22d. DESCRIPTION	SIGILATIONE	- Las			- m.u.		75 - 777-77		-p		نو- برسه به
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 11 - 27 - 59, VILLA MARIA CEM. NOTCH CLIFF NR TOWN A 23. FUNDERAL DIRECTOR'S SIGNATURE 24. ADDRESS 25. SIGNATURE 25. SIGNATURE	PHYSICIAN'S NAME (Type)	Charles F.	O' Dor	nnell M.D.							
REMOVAL Specify 11 - 27 - 59. VILLA MARIA CEM. NOTCH CLIFF NR TOWNSON A					Y OR CE	EMATORY	22d. LOCA1	ION (City, town	or county)	/5	totel
23 FUNEDAL DIDECTOR'S SIGNIFICIAL OF DEPOS SIGNIFIC	REMOVAL (Specif		ama . C.				NOTO	10		-	
1015, CONKLING ST. NOV 27'59		R'S SIGNATURE	Con			24- 050	'D BY REGIST	DAD 244 DEC			2,140,
Rehardes & Josher BAITO 24 MD DATE DATE ON S. Knows	Sahandi.	Siteiler	701	. 4		DATE NO	V 2 7 '59	0.			

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ofter death								1		

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12250

**CERTIFICATE OF DEATH** 

12222

Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY  BALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) o. STATE MARYLAND b. COUNTY
b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
COCKEYSUILLE 21/2 YEARS	BALTIMORE 3VOI-4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 2	d. STREET ADDRESS  e. IS RESIDENCE ON A FARM?
MASONIC HOME	1322 MORLING AVE YES NOW
3. NAME OF First Middle DECEASED	Last 4. DATE Month Day Year
(Type or print) DERTHA HELEN	DIVEN DEATH NOV 12 1959.
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH  10-13-1883  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	STRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY?
HOUSEWIFE	MARYLAND U.S.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
GILBERT J. BUNN	KATHERINE LUTZ
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. II	NFORMANT Address O
NO NONE	Frank L. Smith & - Cockeywill
18. CAUSE OF DEATH [Enter only one cause per line for (o) (b), and (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carleris A	Carolin ONSET AND DEATH
Haa./ DUE TO	
(Conditions, if any, which) (b) Vascular	Descare Tylans
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tying cause last.	SELECTION OF THE PARTY OF THE P
, 19	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY
CATIC	PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Port II of item 18.)
	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.) 20f. (City or town) (County) (State)
21. I certify that I attended the deceased fram 5/15	, 1957, to 1/1/1/ 1959, that I last saw the deceased
	accurred at 4:10 A M, from the causes and an the date stated above.
dive dil 125 to , and mar dealing	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
SIGNATURE SALTE J. LEWS	M.D. Cocheysville Md. "/12/59
PHYSICIAN'S NAME (Type)	
22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY O	R CREMATORY 27d. LOCATION (City, town, or county) (State)
BURIAL (Specify) 11-14-59 Druid Ridge	Cemetery Pikesville
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
William Cook, Inc., 1217 St. Paul Stree	et DATE NOV 1 3 59 Curing & Trans

VS A15 (4) 15M 9/55

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CEPTIFICATE OF DEATH 19959

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	250636	CERTIFIC	AIL OI DEAII		Reg. Dist.	No.
1. PLACE OF DEATH  o. COUNTY  Baltimor	·e	MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Mary 1	1 000		before admission) lary 1 S
b. CITY OR TOWN (If outside cor RURAL and give nearest town) Catons ville	porote limits, write	c. LENGTH OF STAY IN 16 11mth29dys	[]	sville, Md.	ite RURAL and giv	e nearest town)
d. NAME OF HOSPITAL (If not in OR INSTITUTION SPRING GROVE		oddress) OSPITAL	d. STREET ADDRESS			e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Fint Bessie	Middle Mary	lost Dolby	4. DATE OF DEATH NOV	Month ber	Day Yeor 23 19 59
5. SEX 6. COLOR female white		RIED MEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH March 9, 188	9. AGE (In y. last birthd	-	YEAR IF UNDER 24 HRS. oys Hours Min.
oo. USUAL OCCUPATION (Give kin during most of working life, eve housewife	d of work done 10b in if retired)	. KIND OF BUSINESS OR IND	ustry 11. Birthplace (Stole Marylan			EN OF WHAT COUNTRY, $S_{ullet}A_{ullet}$
13. FATHER'S NAME George Whit t	tington		14. MOTHER'S MAIDEN N			
15. WAS DECEASED EVER IN U. S. A (Yet, no, or unknown) UNKNOWN (It yes, give wo	RMED FORCES? 16		informant Records: SPRI	NG GROVE S	Address STATA HO	SPI TAL
PART I. DEATH WAS CA IMMEDIATE  794 X  Conditions, if ony, which gove rise to immediate couse (a), stating the underlying couse lost.	DUE TO  (b)  DUE TO  (c)		DEBILITY	<i>'</i>		
САТІС			JT NOT RELATED TO THE TERMI			(o) 19. WAS AUTOPSY PERFORMED? YES NO NO
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E)  20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Yeor 20d. While	INJURY OCCURRED 20e.	PLACE OF INJURY (Home, form factory, street, office bldg., etc	n,   20f. (City or town)		unty) (Stote)
21. I certify that I after alive on MDY 22.	nded the deceo	sed from Sept. 8	th occurred of IQL F		es and on the	DATE SIGNE
PHYSICIAN'S NAME (Type)	K. Y	P		lle 28, Md.	****	
220. BURIAL, CREMATION, REMOVAL (Specify)	25-5	22c. NAME OF CEMETERY	ell Campber	27d. LOCATION (City, to	tland	Sn(Stole)
23. FUNERAL DIRECTOR'S SIGNATU	BROS.	1661-4007Ho	Pe RD S.E. DATE	AOV REGISTRAS	REGISTRAR'S SIGN	ATURE /

may be retained the haspital ar attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by 150 yourseral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 hours after death. may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

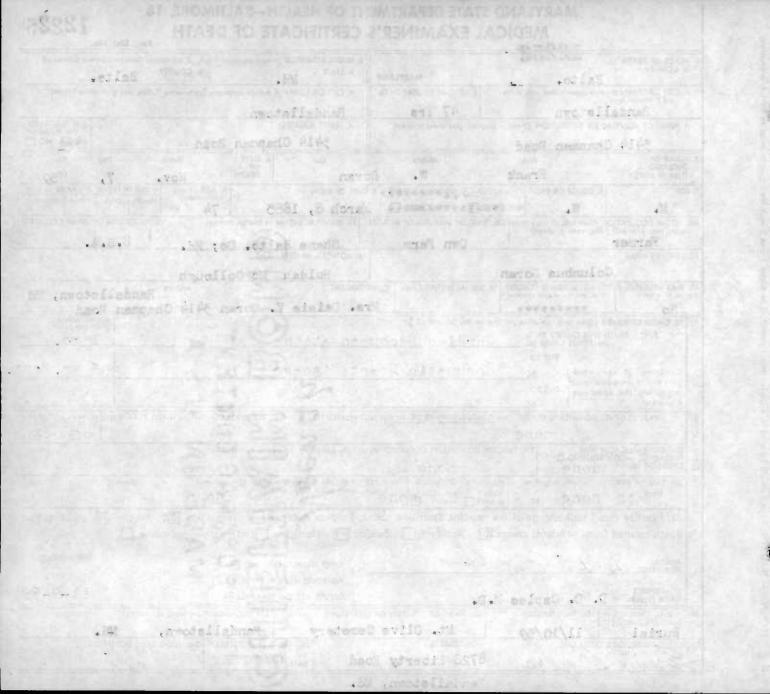
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TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after death. Page 4

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b hospital or attending physician.

After this certificate has been signed by the attending physician and campletely filled in by the ofter death crematian, ar remaval, and in any event within 72 haurs may be retained the shappital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. the registrar priar to burial,

JOING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after TO HOSPITAL OR A

VS A15 (4) 15M 9/58

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 Item 22b, Film G252 11/18/59 iwk CERTIFICATE OF DEATH

12226 Reg. Dist. No.

1. PLACE OF DEATH a. COUNTY		•			USUAL RESIDE	ENCE (Wh	nere deceased	lived. If institut		ence befor	re admiss	ion)
Baltimon			MARYL			ylan			14	10/14	rode	V
b. CITY OR TOWN (If RURAL and give ne		ts, write	c. LENGTH OF STAY IN	N 16	c. CITY OR TO	OWN (If o	utside corpor	ote limits, write	RURAL ond	give nec	arest town	1)
Fort How			2 days		Elk	ridg	е		13x	- 2		
d. NAME OF HOSPITA	AL (If nat in haspital, g				d. STREET AD	DRESS						FARM?
Veterans	Administr	ratio	n Hospital		Rou	te 4	Box	229			YES _	NOT
B. NAME OF DECEASED	Fin	st	Middle		Lost		4. DATE	Ma	nth	Da	y	Yeor
(Type ar print)	LEF	YOS	F.		DORSEY		DEATH	Novem	ber	8		159
5. SEX	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIED	8. D	ATE OF BIRTH		-	9. AGE (In years lost birthday)	IF UNDE	R 1 YEAR	IF UNDE	ER 24 HRS
WhiteMale	White	WIDOW			ptember	30,	1924	35 yrs	Months	Days	Hours	Min.
Oa. USUAL OCCUPATIO	N (Give kind of work	dane 10b.	KIND OF BUSINESS OR	INDUSTRY	11. BIRTHPLA	CE (Stote	or foreign co	uniry)	12.CI	TIZENOF	WHATC	OUNTRY
Mechanic	ing life, even if retired	' U.	S. Governme	nt	Elkr	ridge	, Mary	land		U.S.	Α.	
3. FATHER'S NAME			0. 00.0210.10		4. MOTHER'S A							
Samuel F.	Doneer				0116	Dun	kerley					
5. WAS DECEASED EVER		CES2 1A	SOCIAL SECURITY NO	INFO	RMANT	Dul	wer rea		Iress	-		
(Yes, no, ar unknown)	f yes, give war or dates of s	ervice)	16 10-177			ATT TO	. 74 - 7	1111			D4	2 - 2 - 4
Yes	MM TT	*	17-10 63 11	CTID	. Recopy	An, B	arro.r	8, Md.Fo	re no	ward	DTA:	TSTO
	TH WAS CAUSED BY: IMMEDIATE CAUSE (c	2.24	ne far (a), (b), and (c).]	HOSTS	<b>3</b> 1					ONS	ERVAL BE SET AND KNOW!	DEATH
581.1	DUE TO		ENTITO D'OZIG	MICOTE								
Conditions, if on												
gove rise to in	nmediate											
cause (a), stating t	he under- DUE TO	,										
lying couse last.	, (c	)										
PART II. OTH	ER SIGNIFICANT CON	DITIONS	CONTRIBUTING TO DEAT	TH BUT NO	T RELATED TO	THETERMI	NAL DISEASE	CONDITION GI	VEN IN PA	RT 1(0)	PERFO	RMED?
5											YES	NO 🐴
PART II. OTH  PART II. OTH  20a. ACCIDENT WA  OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING [] [] CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED. (E	inter noture of	injury in I	Part I or Port	II of item 18.)				
20c. TIME OF INJURY Hour a.m. p. m.	Month, Doy, Ye	or 20d, I While at wor	Not while		OF INJURY (H , street, affice			ar tawn)		(County)	198	(Stote)
21 Leastifu th	AVA	docone	sed fram Nov. 6	Ś	1959	· No	N 8	1959	*BC-VCCC	CALLAST A	CAUCALA	
alline olimination	2	7	XXXXX and that o	death ac	curred ato	: DDP	M, fram t	he causes a	nd an th	ne date	stated	d abave
ACTUAL NO	-11/18	10	A G	h. a				eet, city or town			DAI	to let
SIGNATURE	warre	~/	(age)	1 /W.b	VAH, BA	LTU.	ro, MD. 1	T.HOWAR	ח חדת	TSTC	M TI	1915
PHYSICIAN'S L	AWRENCE J.	MAZZ	ZEI, M.D.									
20. BURIAL, CREMATION	N, 22b. DATE THEREC	)F	22c. NAME OF CEMET	ERY OR CE	REMATORY		22d. LOCATI	ION (City, town,	or county		(Stot	(e)
Burial (Specify)	Nov.12,						BT 1 CX		W. Ms	פרטיו	nd	
3. FUNERAL DIRECTOR'S			ElMest Ci			24a. REC'I	D BY REGISTE	RAR 24b. REG	ISTRAR'S S	IGNATU	RE	
Hi of phother	Funeral U	omer 1	LO6_Columbia			DATE MA	DV_1_2_15	0 %	-1	1 12	,	
THE PROPERTY OF THE PARTY OF TH	* MIATOR U	VIIII				- 011	W 1 0 0	0	wit former	-	100	

Mark Bally 12 3 KW 2 A Company of the Control of the Cont deletate describility of the description of the second to the state of th District the Control The author of the land farment background 12255

## **CERTIFICATE OF DEATH**

12227

	2.0000			Keg.	5151, 110.
	1. PLACE OF DEATH  o. COUNTY BALTIMORE	MARYLAND	o. STATE	re deceased lived. If institution: Reside b. COUNTY BA	ence before admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 1b	V	tside corporate limits, write RURAL and	d give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street of	addrage)	d. STREET ADDRESS	IVIARSH	e. IS RESIDENCE
	OR INSTITUTION		/	NOSE D.	ON A FARM?
		AD.	1812 ALLA		YES NO V
	3. NAME OF DECEASED (Type or print) GRAFTON	Middle	DULANEY	4. DATE Month OF DEATH NO V	Day Year 28 1959
	S. SEX 6. COLOR OR RACE 7. MARRI MALE WHITE WIDOWE		8. DATE OF BIRTH SEPT 21, 18	9. AGE (In years lost birthday) 73 yrs. IF UND	ER 1 YEAR IF UNDER 24 HRS. Days Hours Min.
	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	KIND OF BUSINESS OR INDU	A.A.		TIZEN OF WHAT COUNTRY?
	13. FATHER'S NAME		14. MOTHER'S MAIDEN NA		
	GEORGE WASHINGTON I	OLANEY	ALAME	TA UNKLOWN.	
I	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. S. [Yes no, or unknown] (If yes, give wor or dates of service)		NEORMANT OHD SNITH	812 ALLANT	DER. ROAD.
	18. CAUSE OF DEATH [Enter only one cause per lin	e for (o), (b), and (c).]			INTERVAL BETWEEN
	PART I. DEATH WAS CAUSED BY:	ouzylizi	The Ciffic :	0 - 6 -	ONSET AND DEATH
	IMMEDIATE CAUSE (6)	00270101	4-100,1101		
	Condition if any which > Avd	levioScler-Sig	& Chron	in Bronchit	
	gove rise to immediate	011-701-11-1-1			1
	lying couse lost.				
	PART II. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION GIVEN IN PA	ART 1(0) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS C				PERFORMED? YES NO []
		RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I or Port II of item 18.)	
	20c. TIME OF INJURY Month, Doy, Year 20d. IN While of work	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (Stote)
	21. I certify that I attended the decease	ed from Nov	1958, to 1	Vov. 28, 195 1 that 1	last saw the deceased
	alive an Nov, 27, 195	2, and that death	accurred at 230	M, fram the causes and an t	
	1 - 11 1			DDRESS (Street, city or town, state)	DATE SIGNED
	SIGNATURE William 4.	Just-	M.D	ngsville, md.	11-28-59
/	PHYSICIAN'S Clifford F.	Hedson	Fork. Md		
H	220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O	R CREMATORY	22d. LOCATION (City, town, or county	r) (Stote)
	REMOVAL (Specify) DEC 2, 1959	PIUE G	ROVE.	PARKTON.	MARYLAND.
	23. EUNERAL DIRECTOR'S SIGNATURE	ADDRESS		BY REGISTRAR 24b. REGISTRAR'S	
	Jassaln Luneral Home	7401 Bolau	Road TO DATEDEC	2 '59 arthur 8	. Kraus

After this certificate has been signed by the attending physician and completely filled in by the Funeral director, the for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with requires that the death certificate be executed within 24 haurs aft event within 72 haurs after death. haspital ar attending physician. page 3 shauld be detached far use as the burial-transit remayal, registrar priar ta buria

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	DULYNE EN N		
	LAX MAIN PROPERTY		Maria State
	7		
a di	WALL ATBURNES		LIGITATION AND SON AND
ALLES NAGULA	ALERS PRINT (ALE)		

	上でからの				Keg. Di	ist. No.
1. PLACE OF DEATH a. COUNTY Baltin	nore	MARYLAND	2. USUAL RESIDENCE (W		f institution: Resider	nce befare admission)
b. CITY OR TOWN RURAL and give r	If autside carporate limits, write earest tawn)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	autside carporate limits	, write RURAL and	give nearest tawn)
d. NAME OF HOSPI	<b>iowar</b> a TAL (ff nat in haspital, give stree		d. STREET ADDRESS	6 (11)		e. IS RESIDENCE
OR INSTITUTION	ans Administrat			th Bruce St	reet	ON A FARM? YES THO PA
3. NAME OF	First	Middle	Lost	4. DATE	Manth	
(Type or print)	JAMES	900 MH MH	DUMPSON	OF DEATH NO	ovember	17 19 59
5. SEX	6. COLOR OR RACE 7. MAI	RRIED NEVER MARRIED DIVORCED DIVORCED	October 28,	1902 57 AGE (	In years IF UNDER irthday) Manths yrs.	Days Hours Min.
	ON (Give kind of work dane 10bking life, even if retired)	. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Store	or foreign country) , Maryland		U. S. A.
13. FATHER'S NAME	01	The same of	14. MOTHER'S MAIDEN			
James	Dumpson		Louisa Ste	venson		
	ER IN U. S. ARMED FORCES? (If yes, give war ar doles of service)  WW I	s. SOCIAL SECURITY NO. 218-05-4464 C	In Rec. VAH.	Baltimore I	Address	.Howard Div.
-	ATH [Enter only one cause per			202000000	, , ,	INTERVAL BETWEEN
		RDIAC ARRHITHM	IA			10 MINUTES
5907	DUE TO					
Canditians, if a	(D)	REMIA				UNKNOWN
gave rise to cause (a), stating						
lying cause last.	1-1	UTE AND CHRONI				UNKNOWN
O I	HER SIGNIFICANT CONDITIONS	CONTRIBUTING TO DEATH BU	NOT RELATED TO THE TERM	MINAL DISEASE CONDI	TION GIVEN IN PAR	PERFORMED?
	monary emphysem				10.1	YES NO
OR CONTRIBUTING	AS UNDERLYING   20b. DE G   CAUSE OF DEATH MEDICAL EXAMINER)	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in	Part I ar Part II af itei	n 18.)	
20c. TIME OF INJU Haur a. m. p. m.	Whil	t.	ACE OF INJURY (Hame, far. ictary, street, affice bldg., et	m, 20f. (City ar tawn)	(	(State
	hat X attended the deced	read from October	23 10 EO +0 No	wember 17	1050vservv	avivacyovivacytaevaev
			1 -1	API		
QXLX9XXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	AAAA ana mai dean	decorred di_zta_zz	ADDRESS (Street, city		DATE SIGNEE
ACTUAL SIGNATURE	The bl. ling	whol	M.D. VAH. BALTIM	ORE 18 MD.	FT HOWAR	D DIV. 11/17
	7001 - 01 00		m.D. <u>Vitas parade de</u>	101011101111111	34.4.0000000000000000000000000000000000	7.27.3.54.4.
PHYSICIAN'S NAME (Type)	JOHN W. CRAWFOR	RD, M.D.	VAH, BALTIM	ORE 18, MD.	,FT.HOWAR	D DIV. 11/17
22a. BURIAL, CREMATIC REMOVAL (Specify	ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C		22d. LOCATION (Cit	11 11 10 10 10 10	(State)
23. AUNERAL DIRECTOR	S SIGNATURE	Baltimore Na	24a. REC		4b. REGISTRAR'S SI	GNATURE
George Ke	lson Funeral Ho		oun St. DATE NO	0V 1 8 '59	Circling &	/Calling
		Balto.Md.				

may be retained to thospital ar ottending physician. **D FUNERAL DIRECTOR**: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the buriol-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or removal, and in ony event within 72 hours after death. NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 hours af may be retained to the hospital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 should be detached for use as the buriol-transit permit.

TO HOSPITAL OR AL VS A15 (4) 15M 9/58

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VS A15 (4) 15M 10/57

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12257 CERTIFICATE OF DEATH

12257

12229

	nag. 5131, 140.
1. PLACE OF DEATH 6. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give neprest town)  BEITIMOPE  c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside carporate limits, write RURAL and give nearest town)  Baltimore 29 3 VO 1 - 4
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION HOME AUGSburg Home	d. STREET ADDRESS 414 Kensington Road c. IS RESIDENCE ON A FARM?  VES NO A
3. NAME OF First Middle (Type or print) Lulie Mary Eckhardt	Last 4. DATE Month Day Year OF DEATH NOV-4, 1959 19
5. SEX  6. COLOR OR RACE  WIDOWED LOVORCED	B. DATE OF BIRTH  2/12/1882  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  None  None	Maryland USA
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
Henry Schmelz	Fredericka Schmelz INFORMANT Address
IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. (Yes. no. or unknown) (If yes. give wor or dates of service) NO NO	Ar. Arthur E. Rudolphi 414 Kensington
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gave rise to immediate cause (a), stating the under- lying cause lost.  (c)	arteng - Seleron , Typ
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BU  Fracture of left. His Co	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO D
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	Room - Getting on 1 But -
Hour a.m. C / hG 19 4 While Not while	CACE OF INJURY (Home, form, 20%. (City of town), (County) (State) actory, street, affice, bldg., etc.)  Butto my my
21. I certify that I attended the deceased fram.	1952, to how 4-, 1949, that I last saw the decease
alive an hor 3 and, 19 39, and that deat	h accurred atM, from the causes and an the date stated abov
ACTUAL SIGNATURE Earl & Chamber	M.D. 4108 february 1th Bouto my 11-6-5
PHYSICIAN'S Far/ L. Chambers	4108 Liberty Hts. Balto-m/ 11-6-
220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY ( REMOVAL (Specify)	
Burial Nov. 7. 1959 Woodlay 3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	Baltimore Md.  240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
JTStansbury 6411 Windsor Mill Re	246. REC D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

$\vdash$			-							Keg. Disi	. 140.	
1.	PLACE OF DEATH		139			2. USUAL RESI	DENCE (WI	here deceased	d lived. If institut		befare odn	nissian)
	BALT	IMORE		MARYL	AND		Maryl	and	b. CO01411	Dorch	ester	
	b. CITY OR TOWN ( RURAL and give n	If autside carporate lim	its, write	c. LENGTH OF STAY IN	N 1b	c. CITY OR	TOWN (If	outside corpo	rate limits, write f	RURAL and gi	ve nearest to	own)
	Fort Howar			hh DAYS		EAST	NEW M	ARKET		9 9x -	2	
		TAL (If nat in haspital, g	jive street	address)		d. STREET A					e. IS I	RESIDENCE
7		DMINISTRAT	CON H	OSPITAL		-						□ NO 🔼
3.	NAME OF DECEASED (Type ar print)	Fii CRE1	WILL WILL	Middle L		FOW	LER	4. DATE OF DEATH	Noven	iber 26	Day	Year 19 59
5.	SEX	6. COLOR OR RACE	7. MAR	RIED NEVER MARRIED	8.	DATE OF BIRT	Н		9. AGE (In years last birthday)			IDER 24 HRS
	MALE	WHITE	WIDOW	ED DIVORCED	O D	ECEMBER	31.	1907	51 yrs.	Months [	Days Hau	rs Min.
10	during most of war ATTORNEY	ON (Give kind af wark king life, even if retired	dane 10b.	. KIND OF BUSINESS OR LAW	INDUST	Wasn	ingto	or foreign con OF COI	The same of		S.A.	TCOUNTRY
13	. FATHER'S NAME					14. MOTHER'S	MAIDEN	VAME				
	OWEN H	. FOWLER				ELTZA	LEWI	S				
15		R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	INF	ORMANT	Total T. J.		Add	ress		
4	YES	(If yes, give wor or dates of s	ervice)		CLI	N REC	VAH E	ALTO N	ID FT HOV	VARD DI	IVISIO	N
7	18. CAUSE OF DE	ATH [Enter anly ane co	use per li	ine far (a), (b), and (c).]								8ETW EN
	PART I. DEA	TH WAS CAUSED BY:	, BLI	EEDING ESOPH	TAGEA	T. VARTO	CES				FEW F	OURS
	462.1	MONTE CAUSE (6	-	DED ENG BOOK I		- VALA 0.2. V	720					
	Conditions if a			RTAL CIRRHOS	STS C	F LIVE	2				UNKNO	WN
	Conditions, if a		)	TIAL OLITICO								
	cause (a), stating			EMA OF LUNGS	3						FEW H	HOURS
7	lying cause last.	) (0	1		-							
VIIO V	1 Acute 1			2to3 Days. 2							PER	FORMED?
FIC	200 ACCIDENT										185	KK NO 🗆
L CERTIFICATION		AS UNDERLYING  G CAUSE OF DEATH MEDICAL EXAMINER)	200. DES	SCRIBE HOW INJURY OC	CURRED.	(Enter nature o	ir injury in	ruit i ar Far	in ar nem 18.)			
MEDICAL	20c. TIME OF INJUI Haur a. m. p. m.	RY Manth, Day, Ye	While			E OF INJURY ( ry, street, affic			ar tawn)	(Co	ounty)	(State
	21. I certify th	NoV Aattended the	deceas	sed from Octobe:	r 13	19.59	, to No	vember	26., 19.59	a that the	Disconcine	xdexeaxe
				XXXX, and that a								
		1	12						treet, city ar tawn,			ATE SIGNE
	ACTUAL	tronen	10	gosian	14	TATE	OTTO	TIR MI	.FT .HOWA	RD DTV	. 77/	27/50
	SIGNATURE		- /	1	M.	D. WHILL	MILL V.	The party	.1 1 .1101112			5-14-22.
	PHYSICIAN'S NAME (Type) AR	MEN BOGOSIA	N, M	I.D.								
22	a. BURIAL, CREMATIC	ON, 226. DATE THEREC	)F	22c. NAME OF CEMET	TERY OR	CREMATORY		22d. LOCA	TION (City, tawn,	ar caunty)	(5	itate)
	REMOVAL (Specify)	12-1-	59	BALTIMORE	NAT	TONAT.		BALT	IMORE M	RYLAN	0	
23	. FUNERAL DIRECTOR	'S SIGNATURE	1	ADDRESS		TO THE	24g, REC	D 8Y REGIST		STRAR'S SIGI		
				Harford Ros	_					Inthun S.		
	WM.COOK-BI	ICHT INC	Balt	imore Il Mai	rylai	nd	DATE	الله لا	22 (	IMMIN S.	/hans	

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carban pagers. Pages 1 and 2 shauld be filled with the registror prior ta burial, crematian, or remaval, and in any event within 72 hours after death. ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft TO HOSPITAL OR VS A15 (4) 15M 9/58

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19950

Rea. Dist. No.

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1. PLACE OF DEATH o. COUNTY Baltimor	e		MA	RYLAND	2. USUAL RES a. STATE Man	Tyland	ere deceose	d lived. If in b. COL		n: Residen	ce before o	dmission)	/
b. CITY OR TOWN (	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)									
Fort How	ard		176 da	ys	Ba	altimor	re		31	01-	-4		
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in haspital, g	give street	address)		d. STREET	ADDRESS						S RESIDEN	
Veterans	Administra	ation	Hospital		61	100 010	d Hari	ford Ro	oad.		Y	ES N	01
3. NAME OF DECEASED (Type or print)	JOS		Midd LUSTIN RAC		R.TDT NGE	nst IR	4. DATE OF DEATH	Nov	Mante		Day 22	Yeor	59
5. SEX	6. COLOR OR RACE		ELED NEVER MAR		8. DATE OF BIR		9	9. AGE (In )	rears doy)		1 YEAR IF		4 HRS. Min.
Male 10a. USUAL OCCUPATION	White								yrs.	12 CITI	ZEN OF W	HATCOU	LITDYS
during most of wor	king life, even if retired	) IOD.		OK INDU:									NIKIT
Farmer 3. FATHER'S NAME			Farm					ennsylv	rani	La	U.S	.A.	
					14. MOTHER								
Joseph Fr						ary Sto	onecii	rer					
15. WAS DECEASED EVE (Yes, no, or unknown)	R IN U. S. ARMED FOR (If yes, give war or dates of s		SOCIAL SECURITY 1		NFORMANT				Addre				
Yes	SPANISH AM	ERICA	N None	Cl	in.Recor	rds, Vet	t.Adm.	Hosp. 1	Balt	o.Md	.Ft.H	owar	d D.
493 X Conditions, if o		10	PULMONARY PNEUMONIA	EMBOL	ISM							VEEK	îys
Z OLL Y OR CONTRIBUTING (IF EITHER, NOTIFY	DUE TO	:)	ONTRIBUTING TO I	DEATH BUT	NOT RELATED TO	O THE TERMIN	NAL DISEAS	E CONDITIO	N GIVE	N IN PAR	, , l	WAS AUTO PERFORME IS X NO	ED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY	OCCURRE	). (Enter nature	of injury in P	ort I or Par	t II of item 18	B.)				1
20c. TIME OF INJUF Hour o. m. p. m.	Y Manth, Day, Ye	ar 20d. It While at wor	NJURY OCCURRED  Not while  at work		ACE OF INJURY tory, street, office	ce bldg., etc.)					County)		(State)
21. I certify th	aWBattended the	deceas	ed fram May	30	19_59	9, Nove	ember	22 , 19	59,	<b>S</b>	CROCK	mexidene	poet
NAME OF THE PROPERTY OF THE PR	00000000000	xxxtxxxx	XXXXXX and the	at death	accurred at			the cause treet, city or t			e date st	ated at	
ACTUAL	y Colhe	96	too ky		M.D. VAH	BALTII	MORE,	MD. F	r Ho	WARD	DIV	11/2	2/5
PHYSICIAN'S NAME (Type) GI	ORGE C. MC	ELFA	TRICK	M.D.	VAH,	BALTII	MORE,	MD. F	r Ho	WARI	DIV	11/2	2/5
220. BURIAL, CREMATIC REMOVAL (Specify)		OF -59	22c. NAME OF CE					TION (City, to		county)	LAND	(State)	
23. FUNERAL DIRECTOR	'S SIGNATURE	600	9 HARPERD		TARREST	24a. REC'E	BYREGIS	IRAR 24b.	REGIS1		GNATURE	7	7.11

may be retained to haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with page 3 should be detached for use as the burial-transit permit. Then please remove carban papers. the registrar prior to burial, cremation, ar removal, and in any event within 72 haurs after death.

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of

TO HOSPITAL OR

VS A15 (4) 15M 9/5B

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12250

12232

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  Baltimore  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  Md.  Baltimore
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) Glendale	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  X Glendale
d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION 1407 Shefford Road	d. STREET ADDRESS 1407 Shefford Road  e. 15 RESIDENCE ON A FARM? YES NO X
3. NAME OF First Middle DECEASED (Type or print) GENEVIEVE GARDINA	Lost 4. DATE Month Day Year OF DEATH NOV. 12 19 59
5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF SIRTH  1/27/1913  9. AGE (In years of the year of the year)  1/27/1913  9. AGE (In years of the year of
10a. USUAL OCCUPATION (Give kind of work done on the lob. KIND OF BUSINESS OR INDUS during most of working life, even if retired)  Supervisor R.H.Donnelly (1)  13. FATHER'S NAME	
Charles Hill	Elizabeth Hayes
(Yes on or unknown) . If we are wer or date of service)	rank R. Gardina, husband, above
CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	D. (Enter noture of injury in Part I or Part II of item 18.)
	ACE OF INJURY (Home, form, County) (State) ctory, street, office bldg., etc.)
21. I certify that I attended the deceased from mindal alive on world 1959, and that death ACTUAL SIGNATURE MANT SCAGNETTI	n occurred at 630 MM, from the causes and an the date stated above  ADDRESS (Street, city or town, state)  DATE SIGNED  M.D. 1724 W Lomberd M 11-13-5  Ballo 2nd
220. BURIAL, CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OF BURIAL 11/16/59 Baltimore	
23. FUNERAL PIRECTOR'S SIGNATURE PARTIES Inc. 2601-3-5 E. Madison St.	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE DATHOV 1 6 '59 Cathan & Kraus

VS A1S (4) 1SM 9/S5

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	. Cron I that I gave seed	Total Carlos Constitution Const

VS A15 (4) 15M 9/5B

23. FUNERAL DIRECTOR'S SIGNATURE Horace Burgee Funeral Home. Baltimore, Maryland DATE NOV 27'59

ADDRESS 3631 Falls Road 4g. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

Orthur S. Krous

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**CERTIFICATE OF DEATH** 

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PLACE OF DEATH o. COUNTY Baltimore b. CITY OR TOWN (If outside carporote limits, write

d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION

Reg. Dist. No. 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Maryland Prince George c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

Greenbelt, Maryland

d. STREET ADDRESS

. IS RESIDENCE ON A FARM? YES NO

Year

19 59

SPRIN G GROVE STATE HOSPITAL 4 F Southway 4. DATE NAME OF First Middle Month DEATH (Type or print) Gerrits Warren November 5. SEX 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy)

c. LENGTH OF STAY IN 16

MARYLAND

DIVORCED [ March 7. 1886 male white WIDOWED | 10a. USUAL OCCUPATION (Give kind of wark done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)

8 days

Maryland

12. CITIZEN OF WHAT COUNTRY? U. S. A.

Days

13. FATHER'S NAME

RURAL ond give negrest town)
Catonsville

plant man

14. MOTHER'S MAIDEN NAME

Address

WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. Unknown Unkn own

Edward Gerrits

17. INFORMANT

Records: GROVE SPRING

Amelia Granger

STATE HOSPITAL

18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Generalized peritonitis DUE TO Volvulus of the sigmoid colon Conditions, if any, which (6) gave rise to immediate DUE TO couse (a), stating the underlying cause lost (c).

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

Cerebral vascular accident

Hallerille Ma

PERFORMED? YES TO NO

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II af item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING | CAUSE OF DEATH

20c. TIME OF INJURY 20d. INJURY OCCURRED

20e. PLACE OF INJURY (Home, form, 20f. (City or town) foctory, street, office bldg., etc.)

SPRING GROVE

(Stote)

(Stote)

Hour o. m. Not while at work of work

(County)

21. I certify that I attended the deceased fram Oct. 27 1959\_, ta\_ Nov. 5, 19 59, that I last saw the deceased 1959 and that death accurred at 1:50 am, from the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED

ACTUAL

PHYSICIAN'S NAME (Type)

CERTIFICATION

MEDIC

Stella Wachsler, M. D.

Catonsville 28, Maryland

BURIAL, CREMATION,	22b. DATE THEREOF	Gate of Heave	MATORY	2	2d. LOCATION (C	ity, town,	or county)
Burtair	Nov 7, 1959	date of neaver	1		Wheato	n	Md.
INTERAL PIRECTOR'S S	CALATURE	ADDRESS	. #		BY DECICEDAD	OAL DECL	CTDAD'C C

24b. REGISTRAR'S SIGNATURE DATE NOV 9 arthur & Hours

STATE HOSPITAL

220

TO FUNERAL P

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	eration of Att 10.11 Millionia A minimized Terror College Industrial		
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	no 2700 a l	A STATE OF THE PERSON OF	Til Tool Calebran
	A CAMPAN OF PARCEL ST.		

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH director, iled with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission o. COUNTY o. STATE filed b. COUNTY MARYLAND b. CITY OR TOWN (If autside carporate limits, write C. LENGTH-OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write PURAL and give nearest town) RURAL and give nearest town) ploods NAME OF HOSPITAL (If not in hospital give street oddses e. IS RESIDENCE ON A FARM? YES NO STREET ADDRESS 3. NAME OF 4. DATE Middle Year DECEASE (Type or print) DEATH 6 COLOR OF RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS last birthdoy) Manths Days Hours WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY) BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mest of working life, even if retired) ond 13. FATHER'S NAME MOTHERS MAIDEN NAME physicion hours 5. WAS DECEASED EVER INTO. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address give war or dates of service) ottending 1B. CAUSE OF DEATH [Enter only one cause peg line for (o), (b), and (c).] INTERVAL BETWEEN ONSEL AND DEATE PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) **DUE TO** Conditions, if any, which gove rise to immediate DUE TO cause (a), stating the underlying couse last. PART ALL OTHER SIGNIFICANT CONDITIONS CONTRIBUTING IO DEATH BUT NOT RELATED TO THE TERMINAL DISCUSE CONDITION GIVEN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED (Enter nature of injury in Part I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, form, 20f. (City or town) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED (County) (State) factory, street, office bldg., etc.) Hour o. m. While Not while at wark ot work p. m. 9, that I last saw the deceased 21. I certify that Lattended the deceased from and they death occurred at 130 PM, from the causes and an the date stated above. alive an ADDRESS ISTreet, city or town, DATE SIGNED ACTUAL pe P PHYSICIAN'S NAME (Type) 220. BURIAL, CREMATION. 226. DATE THEREOF 22c. NAMS OF CEMETERY OR CREM ORY 22d. LOCATION (City, town, or county) (State) REMOVAL (Specify) FUNERADDIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR NOV 1 2 '59 15M 10/57

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INTERVAL BETWEEN ONSET AND DEATH

e. IS RESIDENCE

ON A FARM?

YES NO

Year

1059

Baltimore

Days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. WAS AUTOPSY

PERFORMED? YES NO P

(State)

20a. ACCIDENT WAS UNDERLYING A
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month,

220. BURIAL, CREMATION, 22b. DATE THEREOF

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 40105

Day, Year 20d. INJURY OCCURRED While Not while at work at work

20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) factory, street, affice bldg., etc.) HOME

(County) (State)

21. I certify that I attended the deceased from , and that death accurred at A-M, from the causes and an the date stated above. ADDRESS (Street, city or tawn, state) MD17W. PERNA. AU.

19 2, that I last saw the deceased

PHYSICIAN'S

TOWSON 4 md

22c. NAME OF CEMETERY OR CREMATORY

22d, LOCATION (City, town, or county) Towson, Maryland

Mt. Maria Cemetery Nov. 17.1959 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR

John Burns' Sons, Towson, Maryland

DATE OV 1 9 '59

24b. REGISTRAR'S SIGNATURE arthur S. Kraus

VS A15 (4) 15M 9/58

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12240 CERTIFICATE OF DEATH 12266 Reg. Dist. No director, 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institutions Residence before admission) b. COUNTY Marvland Anne Arundel Bal timore MARYLAND b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) RURAL ond give nearest town)
Catonsville 17vr9mthldys Linthicum. Maryland d. NAME OF HOSPITAL (If not in hospital, give street address)
OR INSTITUTION d. STREET ADDRESS e. IS RESIDENCE 24 Linthicum, Md. YES NO HOSPITAL. STATE 2 NAME OF First Middle 4. DATE Month Day OF DEATH 1059 November Herman Fred Glanzer (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. Doys Haurs January 6, 1880 WIDOWED [ DIVORCED T white male 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? unknown Mechan Germany puo 14. MOTHER'S MAIDEN NAME William Glanzer Elizabeth Hannibal 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 17. INFORMANT 16. SOCIAL SECURITY NO. Address STATE HOSPITAL Unknown Records: GROVE Unknown INTERVAL BETWEEN ONSET AND DEATH 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Congestive heart failure with pleural effusion DUE TO Arteriosclerotic cardiovascular disease Canditions, if any, which gave rise to immediate **DUE TO** couse (a), stating the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I ar Port II af item 18.) 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (State) (County) factory, street, affice bldg., etc.) Hour o.m. Nat while at wark of work May 13 November 25 1959 that I last saw the deceased 21. I certify that I attended the deceased fram.\_ R: Afte , and that death accurred at 1:05p M, from the causes and an the date stated above ADDRESS (Street, city or town, state) ACTUAL STATE HOSPITAL 3 should Catonsville 28, Maryland Aristides Simppoulos. PHYSICIAN'S TO FUNERAL NAME (Type) 220. BURIAL, CREMATION, 226. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d\_LOCATION (City, tawn, ar county) REMOVAL (Species 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATUR VS A15 (4) DATENOV 3 0 '59 Cinus & Klass

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

A STATE OF STREET - Della Company AND THE PROPERTY OF THE PROPER because of the less many stages of the second point of the last manipulation as and to refine with any or two explores rain in 18. As the process of the control e . . . HE COMMENT OF THE PARTY OF THE

### CERTIFICATE OF DEATH

12241

Hour o. m.  19   While of work	1	16601	Reg. Dist	No.
RUEAL ood give integrate town) Catonsville  A NAME OF NOSPITAL (In not in hospital, give street address) Of NAME OF NOSPITAL (In not in hospital, give street address) Of NAME OF NOSPITAL (In not in hospital, give street address) Of NAME OF OF STATE HOSPITAL  3 NAME OF OF STATE HOSPITAL  Non- Type or print) Frank W. Golebieski (or Goblieski )  5. SEX  5. COLOR OR RECE 7. MARRIED   NEVER MARRIED   NEVER MARRIED   NOVER DO NORCED   MITTER OF PRINT   NOVEMBER 10/3/1910   November 9 1959   1959    10. USUAL OCCUPATION (Give kind of work done)   100. XIND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  10. USUAL OCCUPATION (Give kind of work done)   100. XIND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  11. FATHERS NAME  12. INTERPORT   100. SOURCE   November   100. XIND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  13. NAME OCCUPATION (Give kind of work done)   100. XIND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  14. MOTHER'S HAME  15. MARRIES NAME  16. LADRE OF BRAIN (AND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  18. CAUSE OF BRAIN (I MOTHER'S HAME  19. AND OF BUSINESS OR INDUSTRY (I) BRITHFACE (Stote or forwige country)  19. WAS DECEASED FUR IN U. S. ARMED FORCES? (Is, SOCIAL SECURITY NO. IV. MARRIED NAME  10. WAS DECEASED FUR IN U. S. ARMED FORCES? (Is, SOCIAL SECURITY NO. IV. MARRIED NAME  10. AND OF BRAIN (IN NOTE OF BRAIN (IN NOTE OF BRAIN NOT	)	a. COUNTY	h COUNTY	before admission)
Catonsville   Baltimore   Constitution   Contribution   Contribu			R TOWN (If outside corporate limits, write RURAL and give	re nearest town)
SPRING GROVE STATE HOSPITAL   6510 Brighton Avenue   785   No			ltimore 3V01	- 4
SPRING GROVE STATE HOSPITAL   S510 Brighton Avenue   Yes   No		d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION d. STREET		o. IS RESIDENCE ON A FARM?
DECASE DE DECASE DE COLOR OP PIND   Frank W. Golebieski (or Goblieski)   DEATH   NOVEMBER   1959   1	4	SPRING GROVE STATE HOSPITAL	6510 Brighton Avenue	
The content of the		DECEASED	OF	
U. S. A.		5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BI	IRTH 9. AGE (In years IF UNDER 1	
Balto Maryland   U. S. A.		male white widowed Divorced Unknow	wn 10/3/1910 49? yrs. Months	Pays Hours Min.
13. FAITHER'S NAME   14. MOTHER'S MAIDEN NAME   15. MAS DEFRANCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   18. CAUSE OF DEATH   (if there only one couse per line for (o), (b), and (c)   18. CAUSE OF DEATH   (Enter only one couse per line for (o), (b), and (c)   19. MAY CAUSE OF MAS CAUSE DY:   (b)   (b)   (c)   (c)   (d)   (d)   (d)   (d)   (d)   (e)	ı	10o. USUAL OCCUPATION (Give kind of work done during most of working life even if retired)		
13. FATHER'S NAME  15. WAS DECEASEDEVER IN U. S. ARMED FORCES?  16. SOCIAL SECURITY NO.  17. INFORMANT  18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  Conditions, if ony, which gove rise to immediate couse (o), stoling the under lying couse lost.  (c)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY TEST ON (C)  TO CONTRIBUTING CONTRIBUTING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY TEST ON (C)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY TEST ON (C)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY TEST ON (C)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY TEST ON (C)  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY  20a. ACCIDENT WAS UNDERLYING CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(o) 19. WAS AUTOPSY FEROMEDY  20a. ACCIDENT WAS UNDERLYING CONTRIBUTION COURRED (Enter noture of injury in Port I or Port II of item 18.)  20b. CECONTRIBUTING COURRED WAS AUTOPSY FEROMEDY (C)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While on work Contributed to the decease of the work Contributed Course of the work Contributed Con	1	Dunkur Chauffeur Lumber Balt	co. Maryland U	. S. A.
15. WAS DECEASEDEVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Records: SPRING GROVE STATE HOSPITAL   18. CAUSE OF DEATH   Enter only one couse per line for (e), (b), and (c).		13. FATHER'S NAME		
The control of the			iola Miros	
B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]   PART I. DEATH WAS CAUSED BY.   Cirrhosis of liver with hemorphage   INTERVAL BETWEEN ONSET AND DEATH     SR / O		15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no. or unknown) 1 (If yes, give wor or dates of service) 27 5 0 0 0 0 0 0	Address	
PART I. DEATH WAS CAUSE (b) Cirrhosis of liver with hemorrhage    S   O		unknownNO Records:	SPRING GROVE STATE HO	SPITAL
Conditions, if ony, which gove rise to immediate course (o), stoting the under lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO 20. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20c. TIME OF INJURY Month, Doy, Year Hour o. m. 19 of work of work of work of work of injury in Port I or Port II of item 18.)  21. I certify that I attended the deceased from Sept. 17. 19.59, to Nov. 9. 19.52, that I last saw the decease of live on Nov. 9. 19.59, and that death occurred at 1:00a, M, from the couses and on the date stated above and the course of injury in Port I or Port II of item 18.)  21. I certify that I attended the deceased from Sept. 17. 19.59, to Nov. 9. 19.52, that I last saw the decease of live on Nov. 9. 19.59, and that death occurred at 1:00a, M, from the couses and on the date stated above address (Street, city or town, state) DATE SIGNIAL SIGNATURE  PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland  220. BURIAL (REMATION, PRINCE)  PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland  220. BURIAL (REMATION, PRINCE)  PHYSICIAN'S REMOVAL (Specify)  Bullial  220. BURIAL (REMATION, PRINCE)  PHYSICIAN'S PRINCE CREMATORY COUNTY CREMATORY COUNTY COUNTY CREMATORY Baltimore, Md.		PART I. DEATH WAS CAUSED BY: Cirrhosis of liver wi	th hemorrhage	INTERVAL BETWEEN ONSET AND DEATH
Gove fise to immediate lying couse (a), stoling the under lying couse (a), stoling the under lying couse (b). The significant conditions contributing to death but not related to the terminal disease condition given in Part 1(a) P. Was autopsy Performed Performed Prescome 20a. ACCIDENT Was underlying across the contributing across the contribution of th		Conditions if any which \		THE REST OF
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a)  19. WAS AUTOPSY PERFORMED?  YES NO   20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not white of work of twork of injury in Port 1 or Port II of item 1B.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While Not white of work of factory, street, office bldg., etc.)  21. I certify that I attended the deceased from Sept. 17 , 19.59, to Nov. 9 , 19.59 , that I last saw the decease of live on Nov. 9 , 19.59 , and that death occurred at 1:00a M, from the causes and on the date stated above ADDRESS (Street, city or fown, stole)  ACTUAL Scalla Wachsler, M. D. SPRING GROVE STATE HOSPITAL 11-9-5  PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland  20c. Burial Cremation, 122b. Date Thereof 11/12/59 Holy Rosary Cemetery Baltimore, Md.		gove rise to immediate couse (a), stating the <u>under-</u>		
20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED While of work of twork of two twork of two	0		TO THE TERMINAL DISEASE CONDITION GIVEN IN PART	PERFORMED?
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olive on Nov. 9, 19.59, and that death occurred at 1:00a M, from the couses and on the dote stated obove ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE SCHOOL Wachtles M.D. SPRING GROVE STATE HOSPITAL 11-9-5  PHYSICIAN'S Stella Wachsler, M.D. Catonsville 28, Maryland  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) RIPTIAL 11/12/59 Holy Rosary Cemetery Baltimore, Md.		20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 19 of work 19	Y (Home, form, Caffice bldg., etc.) (Caffice bldg., etc.)	unty) (Stote)
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ACTUAL SIGNATURE SCELLA WACUSES M.D. SPRING GROVE STATE HOSPITAL 11-9-5  PHYSICIAN'S Stella Wachsler, M.D. Catonsville 28, Maryland  220. BURIAL, CREMATION, 226. DATE THEREOF REMOVAL (Specify) RIPTIAL 11-9-5  Holy Rosary Cemetery Baltimore, Md.		olive on Nov. 9 , 19, 59 , and that death occurred of	at 1:00a M, from the couses and on the	dote stated obov
PHYSICIAN'S Stella Wachsler, M. D. Catonsville 28, Maryland  220. BURIAL CREMATION, PEMOVAL (Specify) REMOVAL (Specify) Burial 11/12/59 Holy Rosary Cemetery Baltimore, Md.		Classe Wash. O.s.		DATE SIGNI
220. BURIAL, CREMATION, REMOVAL (Specify) Burial 11/12/59 Holy Rosary Cemetery Baltimore, Md.		SIGNATURE STELLER WALLES M.D. SPR	ING GROVE STATE HOSPITA	L 11-9-5
REMOVAL (Specify) Burial 11/12/59 Holy Rosary Cemetery Baltimore, Md.	1	PHYSICIAN'S Stella Wachsler, M. D. Ca	tonsville 28, Maryland	
Burial 11/12/59 Holy Rosary Cemetery Baltimore, Md.			22d. LOCATION (City, town, or county)	(Stote)
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ry Baltimore, Md.	
		O Vorner Romanon / 76/1 / arp. Dechto the	DATE NOV 1 0 '59 arily	1. Thank

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be

death. Page 4

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12268 CERTIFICATE OF DEATH

Reg. Dist. No. 12242

1.	PLACE OF DEATH ROOL COUNTY	sewood St.	ate T	raini	ng School	2. USUAL RES a. STATE		here deceased	d lived. If instituti b. COUNTY	-	nce befo	re admiss	ian)
	b. CITY OR TOWN (If	autside carporate lim	its, write	c. LENGT	H OF STAY IN 16	c. CITY OR	TOWN (If	autside carpo	rote limits, write R	URAL and	give nec	arest tawr	1)
Ov	vings Mills		d	1900	50 yrs.	Baltime	ore. M	larvlar	nd	3 VO	1.1	1	
	d. NAME OF HOSPITA			oddress)		d. STREET						e. IS RES	IDENCE FARM?
Re	sewood Sta	ate Traini	ng Se	hool		4234	Parksi	de Dri	ive				NO P
	NAME OF	Fi	rst	J-0.	Middle		ost	4. DATE	Mar	th	Do	ıy	Year
	(Type or print)	957	Jacob			G:	raff	OF DEATH	1.3		27		19 59
5. 5	SEX	6. COLOR OR RACE	7. MARE	RIED NE	VER MARRIED	B. DATE OF BIR	тн		9. AGE (In years last birthdoy)			-	ER 24 HRS.
	Male	White	WIDOW	ED 🗌	DIVORCED 🗌	6/18/	98		61 yrs.	Manths	Days	Hours	Min.
10a	. USUAL OCCUPATIO	N (Give kind of work ng life, even if retired	dane 10b.	KIND OF E	BUSINESS OR INDU	TRY 11. BIRTHE	LACE (State	ar foreign c	ountry)	12.CI	TIZENOI	WHAT	OUNTRY?
	doring most of work	ng me, even a renrec	"	_	-	Ma	ryland	1			U.S	.A.	
13.	FATHER'S NAME					14. MOTHER	-						
	Jacob Graf	P				Bar	hara S	chmidt					
13	WAS DECEASED EVER	IN U. S. ARMED FOR		SOCIAL SE	CURITY NO.	NFORMANT	Jara C	, O. 121. C. 1	Add	ress			-
	no, or unknown)	f yes, give war or dates of :	service)		3.7	Rosewood	d Reco	rds					
7		TH   Enter anly one co	use per li	ne far (o), (		V	0	ZA VA W	•		INTI	ERVAL BE	TWEEN
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	cause (a), stating t lying cause last.	ne under-	- 1	bro	4 2 40	DIA	24	UA	omía				
Z		ER SIGNIFICANT CON	DITIONS (	ONTRIBUT	ING TO DEATH BUT	NOT BELATED T	O THE TERM	INAL DISEAS	F CONDITION GIV	/FN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
ATIC					W. 10 Daving	4-11-1			2 20110111011 011			PERFO YES Y	RMED?
IFIC	20a. ACCIDENT WAS	UNDERLYING [	20b. DES	CRIBE HOW	V INJURY OCCURRE	). (Enter noture	of injury in	Part Lar Pari	t II of item 18.)		1	153 [3]	140 🗆
L CERTIFICATION	OR CONTRIBUTING (IF EITHER, NOTIFY I	CAUSE OF DEATH MEDICAL EXAMINER)											-
MEDICAL	20c. TIME OF INJURY Haur a. m.	Manth, Day, Ye		NJURY OCC	f	ACE OF INJURY	(Hame, farm	n, 20f. (City	ar tawn)		(County)		(State)
MEC	p. m.	19	While of war	k O of wo	willie	and y, sireer, arm	se Diagr, ere						
	21. I certify the	at I attended the	deceas	ed from		. 19	to		19	that I le	nst sav	v the d	ecensed
	alive on		. 19		ond that death								
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	PHYSICIAN'S NAME (Type)	eter W	· K	iec	Kert			Bas	A 0	ie 14	+	MB	
220	BURIAL, CREMATION REMOVAL (Specify)	, 22b. DATE THEREC	OF	22c. NAA	ME OF CEMETERY O	R CREMATORY		22d. LOCAT	ION (City, town,	or caunty)		(Stot	e)
	Brusal	1/1/30/3	7	10	reprov	2		1	Jaller	nous			
23.	FUNERAL DIRECTOR'S	SIGNATURE	1	ADDI	RESS	. 1	24a. REC	P BY REGIST	RAR 24b REGI	STRAR'S S	MATU	RE	
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Creagerstown Cem.

ADDRESS

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23. FUNERAL DIRECTOR'S SIGNATURE Thurmont. Md. Raymond E. Graager

11-22-59

Bur A (Specify)

240. REC'D BY REGISTRAR

24b. REGISTRAR'S SIGNATURE Orthug S. Kraus

Creagerstown,

12243

. IS RESIDENCE ON A FARM?

Day

U. S. A.

INTERVAL BETWEEN ONSET AND DEATH

> PERFORMED? YES NO TO

> > (State)

Days

YES NO V

Year

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18-

12271 CERTIFICATE OF DEATH

Reg. Dist. No. 12245

	L COUNTY	BALTIMORE		MARYLA		o. STATE	MARYL		lived. If institution b. COUNTY	on: Residence	before admi	ssion)
Ł	CITY OR TOWN (I RURAL and give no	f autside carporate limits,	, write	c. LENGTH OF STAY IN	1 1b	c. CITY OR	TOWN (If or	stside corpor	ote limits, write RI	JRAL and giv	ve nearest to	vn)
F	PORT HOWAR	_		18 DAYS		BA	LTIMOR	E	(16)	) 3 V	101-4	1 0
	d. NAME OF HOSPIT	AL (If not in hospital, giv	e street a			d. STREET	ADDRESS					SIDENCE
P	VETERANS	ADMINISTRAT	ION F	HOSPITAL		181	7 ASHB	URTON	STREET			A FARM?
-	NAME OF DECEASED Type or print)	First JAM	ES	Middle S.		Lo HA		4. DATE OF DEATH	Novem		Doy 23	Year 1959
5, 5	EX	6. COLOR OR RACE	7. MARRII	D NEVER MARRIED	☐ B.	DATE OF BIR	rH				YEAR IF UNI	1
	MALE		WIDOWED			2-9-1	889		70 yrs.	Months D	Days Hours	Min.
00	USUAL OCCUPATION	N (Give kind of work do	ne 10b. K	IND OF BUSINESS OR	INDUSTR			r foreign co		12. CITIZE	EN OF WHAT	COUNTRY
		sing life, even if retired)	100	CHIDDING				TATE A TOTAL	TAND	1	TCA	
3	STEVEDORE FATHER'S NAME			SHIPPING		14. MOTHER'	S MAIDEN N		LAND		J.S.A.	
٥.												
_	ISAAC HAL		l			01 000 00	RY DIG	GS				
S. (Yes		R IN U. S. ARMED FORCI (If yes, give war or dates of serv		OCIAL SECURITY NO.		DRMANT			Addr			
	YES	WW¥1.	2]	17-03-0091	CLI	N REC	VAH :	BALTO	MD FT H	OWARD	DIVIS:	ION
CERTIFICATION	CHRONIC 200. ACCIDENT WA	ny, which (b). mmediote the under:  IER SIGNIFICANT CONDITION  PASSIVE CONC	AND NODE	ONTRIBUTING TO DEAT	H BUT NO	ERIAOF  OT RELATED T  VER ANI	TIC AN	NAL DISEASE	AR LYMPH CONDITION GIV	EN IN PART	PERF	AUTOPSI ORMED?
MEDICAL	20c. TIME OF INJUR Hour a.m. p. m.	Y Month, Doy, Year	While	URY OCCURRED Not while at work		E OF INJURY ry, street, office			or town)	(Co	ounty)	(State
	ACTUAL SIGNATURE	aNAntended the comments of the second of the	raci			ccurred at	L:00p	M, fram to porcess (Str. VÅH, FT		d an the stote) DIVIS	date state D/	ed abave ATE SIGNE
	THAME (1998) OC		_									

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PLACE OF DEATH	Baltimore		MARYLAND	o. STATE	CE (Where deceos	ed lived. If institution b. COUNTY	Baltim		
b. CITY OR TOWN (I RURAL ond give no Turner S	If outside corporate limits, we earest town; tatino		STAY IN 16	53 Dunda		porate limits, write R	URAL and give n	earest town)	
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, give : 201 Ash Ave			/d. STREET ADDR	Ash Ave.			e. IS RESIDENCE ON A FARM YES NO	N5
3. NAME OF DECEASED (Type or print)	First Ida	M.	Middle Harris	Lost	4. DATE OF DEATI	Mon Novem	ber 4.	Day Year	9
5. SEX	0.7 2	MARRIED NEVER A		B. DATE OF BIRTH Feb. 10, 18	19 1870	9. AGE (In years last birthdoy) yrs.	Months Days	Hours Mi	-6-1
10a. USUAL OCCUPATION during most of world House W	ON (Give kind of work done king life, even if retired)	10b. KIND OF BUSIN	ESS OR INDUS		(Stote or foreign			U.S.A.	NTRY
13. FATHER'S NAME	Beryl Fra	anklin	100	14. MOTHER'S MA	Franklin	1			10
	R IN U. S. ARMED FORCES: (If yes, give wor or dates of service		101	s Ida M. I	Drewitt,2	Addi 201 Ash Av			
Canditians, if a gove rise to i couse (a), stating lying couse last.	mmediate ( DUE TO	Hypi Hypi	tin	y Occi	Meris 5	clerosis		nset and deat	7 
CAT	HER SIGNIFICANT CONDITION	ONS CONTRIBUTING T					EN IN PART 1(o)	PERFORMED YES NO	)?
	AS UNDERLYING TO CAUSE OF DEATH MEDICAL EXAMINER)	. Describe How	THE OCCURRED	. (Lines nations of inj	017 111 1 011 1 01 1 0	THE OF THE MILE.		7	
20c. TIME OF INJUR Hour o. m. p. m.	V	20d. INJURY OCCURRE While Not while of work 01 work	foc	ACE OF INJURY (Homotory, street, office blo	e, form, 20f. (Cilg., etc.)	ly or town)	(County	r) (St	tote)
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	200	no man	that death	occurred at	ADDRESS (	m the causes a	and on the distate)	saw the dece ate stated at DATE SI	bove
220. BURIAL, CREMATIO REMOVAL (Specify)	11/7/59	Mt. Ca	CEMETERY OR		A.A.	Co., Md.		(Stote)	
23. FUNERAL DIRECTOR' Charles	R. Law, 802 M	adison Ave		24d	TE NOV 9		tran's signatu		

may be retained to the hospital or attending physicion.

O FUNERAL DIRECT: After this certificate has been signed by the ottending physician and campletely filled in by the Teneral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registror priar to burial, cremation, or removal, and in any event within 72 hours ofter death. TO HOSPITAL OR ATTENDING PHYSICIAN: The fow requires that the death certificate be executed within 24 hours aft A Day of the Post of the Post

ST STROMITELE STREETING THE ATTRACTOR STREET, NOT A PROPERTY OF THE PROPERTY O 0 . What has been a de la companya de l A CANADA SECTION AND ASSESSMENT OF THE PARTY ovi contain the second

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VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

	12273	CERTIFIC	ATE OF DEATH		Reg. Dist.	1 A 公生的 No.
1. PLACE OF DEATH o. COUNTY	Himore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If in b. COI	UNTY -	before admission) TIMORE
b. CITY OR TOWN (If or RURAL and give neare	utside corporate limits, write est town)	c. LENGTH OF STAY IN 16	C. CITY OR TOWN (IF OU	utside corporate limits, w	rrite RURAL and give	nearest town)
d. NAME OF HOSPITAL OR INSTITUTION	(If not in hospital, give street		RT HI BOX	640 GLED	ARM. ROA	e. IS RESIDENCE ON A FARM? YES NO P
3. NAME OF DECEASED (Type or print)	First	Middle	Hayes	4. DATE OF	, Month	Doy Yeor
S. SEX	COLOR OR RACE 7. MARR	EIED NEVER MARRIED	8. DATE OF BITH FEB 16, 18	9. AGE (In ) lost birthe	years IF UNDER 1 YI doy) Months Doy	EAR IF UNDER 24 HRS. ys Hours Min.
10a. USUAL OCCUPATION during most of working CARPEN		KIND OF BUSINESS OR INDI	MANY			N OF WHAT COUNTRY?
JEROME	HAYES.		14. MOTHER'S MAIDEN NA	UNK NOW	ρ.	
15, WAS DECEASED EVER IN (Yes, no. or unknown) (IF y	N. U. S. ARMED FORCES? 16. give wor or dates of service) 2	SOCIAL SECURITY NO. 17.	LORETTA	V HAYES	Address RT#1 B	GLEUKRM XX G40 RD.
PART I. DEATH	Enter only one couse per lii WAS CAUSED BY: MEDIATE CAUSE (o) DUE TO	or or 27	occl-s	ion Ein	farctio !	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, gove rise to imm couse (o), stoting the lying couse lost.	rediote (	vtexio sche	rotic Cov			
PART II. OTHER  200, ACCIDENT WAS U COR CONTRIBUTING  U (IF EITHER, NOTIFY ME		CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	IAL DISEASE CONDITION	N GIVEN IN PART 1(c	PERFORMED?
	CAUSE OF DEATH	CRIBE HOW INJURY OCCURR	ED. (Enter nature of injury in Pa	ort 1 or Port II of item 16	B.)	
ZOc. TIME OF INJURY Hour o. m. p. m.	Month, Day, Year 20d. If While of work	Not while fr	LACE OF INJURY (Home, form, potory, street, office bldg., etc.)	20f. (City or town)	(Cour	nty) (Stote)
21. I certify that alive on	I attended the decease	ed fram Nev.	3-7-7-		ses and an the	t saw the deceased date stated above.
ACTUAL SIGNATURE AT 12-11 PHYSICIAN'S NAME (Type)	Chin G.	target by	M.D. MI	een by	Md.	11-28-57
220. BURIAL, CREMATION, REMOVAL (Specify)	226. DATE THEREOF DEC 1, 1959	BALTIMO	OR CREMATORY  ORE CEMETERY	22d. LOCATION (City, 10	own, or county)	(Stote)
23. FUNERAL DIRECTOR'S S  Jassaln Fe	0 11	1401 Belon Re	//		REGISTRAR'S SIGNA	

DE JEOMETIAS HELDER DECARRAGES DE LICATINA BALTIMORE, ES	
CERTIFICATE OF DEATH	
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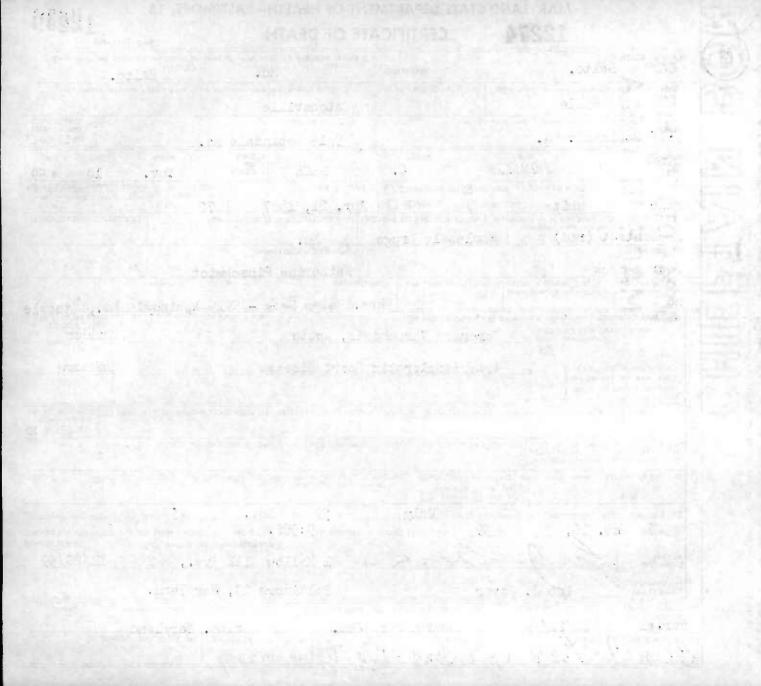
VS A15 (4) 15M 9/5B M

ARYLAND	STATE	DEPARTMENT	OF HEALTH-BALTIMORE, 1	8

12274 CERTIFICATE OF DEATH

12249 Reg. Dist. No.

\ <u> </u>													
	PLACE OF DEATH a. COUNTY B	alto.		MARYL	AND	o. STATE		ere deceased d.	lived. If instituti b. COUNTY			re admissi	ion)
	b. CITY OR TOWN (I RURAL and give no Caton	f outside corporate lime carest town) SVIIIe	its, write	c. LENGTH OF STAY I	N 1b	c. CITY OR			ote limits, write f	URAL and	give ned	arest town	)
	d. NAME OF HOSPIT OR INSTITUTION 5915 Robi	AL (If not in hospital, and ale Rd.	give street	address)		d. STREET A	DDRESS	ndale	Rd.				IDENCE FARM?
3.	NAME OF DECEASED (Type or print)	ASED FDANVITNI				Los HE	CK	4. DATE OF DEATH	Month Nov.		Do		Year 19 59
5.	sex Male	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIE		B. DATE OF BIRT			9. AGE (In years lost birthdoy) 70 yrs.	IF UNDE Manths			
100	. USUAL OCCUPATION	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BUSINESS OF		TRY 11. BIRTHPL				12. CI	TIZEN OI	FWHATC	OUNTRY?
13.	FATHER'S NAME	ak				14. MOTHER'S						-16	
15.	George He	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY NO.	10	NEORMANT	rine	Pinsch	midt Add	ress			
(Ye	no, or unknown)	(If yes, give war ar dates of s	ervice)		M	rs. Hele	n Heal	- FO	15 Robin	dele	הא	04	
CERTIFICATION	Canditions, if o gave rise to it cause (a), stating lying cause last.  PART II. OTH	the <u>under-</u> DUE TO  (c)  DIER SIGNIFICANT CON	A1	ononary Thro	otic	Heart I	Diseas THE TERMIN	NAL DISEASE		VEN IN PA	unk	PERFO	
	OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING     CAUSE OF DEATH   MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRE	D. (Enter noture o	f injury in P	art I or Port	Il of item IB.)				
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Ye	ar 20d. I While at wor	Not while		ACE OF INJURY ( tary, street, office			or town)		(County)		(Stote)
	21. I certify the alive an NOT ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)	- 1	, 19_	Gare		accurred at	9:30P. Mallow	M, fram t ADDRESS (Str Hill	the causes are the ca	d an th		e stated	
220	BURIAL, CREMATIO	N, 22b. DATE THEREC	)F	22c. NAME OF CEME	_	R CREMATORY		22d. LOCAT	ION (City, town,	or county)		(Stote	8)
23.	FUNERAL DIRECTOR		ner	ADDRESS SULL	-/i	20lto		Bal BY REGISTE DV 2 3 '5	RAR 24b. REG		IGNATU	RE	



ADDRESS

12250

Rea. Dist. No. 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) Raltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give negres) town) "Middlebourgh, Essex, Maryland e. IS RESIDENCE ON A FARM? YES NO THE Year 28 November 1959 IF UNDER 1 YEAR IF UNDER 24 HRS. Months Hours 12 CITIZEN OF WHAT COUNTRYS U.S.A. Address 4 Gough St. Balto. 24 INTERVAL RETWEEN ONSET AND DEATH 4 w/s. PERFORMED? YES NO (County) (Stote) , 19 52, that I lost sow the deceased \_\_, and that death occurred at 10:15 A.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (Stote) Holv Redeemer Baltimore, Maryland 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

VS A15 (4) 15M 10/57

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Burial

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	S. Carrier				

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12251

**CERTIFICATE OF DEATH** 12275

2.000	Reg. Dist. No.
1. PLACE OF DEATH O. COUNTY MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  b. COUNTY
b. City OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b	c. CITY OR IOWN (A outside corporate limits, write RURAL and give nearest town)
Purishari RD #1 284	X Parkston Bural
6. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSHITUTION	d. STREET ADDRESS  ON A FARM? YES NO
3. NAME OF First Middle	Lost 4. DATE Month Day Year
(Type or print) (Perfoude MA4.	Heiss DEATH NOVEMBER 21 1959
5. SEX  6. COLOR OR RACE  7. MARRIED   NEVER MARRIED    DIVORCED	8. DATE OF BIRTH  9. AGE (In years   IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.   Min.
10o. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDU during most of working life, even if retired)	
Housewile Home	Maryland U.S.A.
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
115. WAS DECEASED EVER IN U. S. ARMED FORCES? 136 SOCIAL SECURITY NO. 117. 1	Mary Catherine Shearer
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16/35/CIAL SECURITY NO. 17. I (If yes, give war or dates of service)	Haude Heiss Parkton Md
18. CAUSE OF DEATH [Enter only one cause per line for (s), (b), and (c).]	INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Myo Carditis
4dd, DUE TO	1 11-11 1 8
Conditions, if any, which gove rise to immediate DUE TO	is Certila Vasander Stessast
catse (a), stating the <u>under-</u> lying cause last.  (c)	
	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Yeor 20d. INJURY OCCURRED Hour o. m. 19 While Not while of work 1 work 1	ACE OF INJURY (Home, form, ctary, street, affice bldg., etc.) 20f. (City or town) (County) (Stote)
21. I certify that I attended the deceased fram. May /	2, 1954, to Now 21, 1919, that I last saw the deceased
alive an Now 16, 19 59, and that death	accurred at <i>QP_M</i> , from the causes and an the date stated above.
ACTUAL TOURS & RE	ADDRESS (Street, city or lown, stote)  DATE SIGNED
SIGNATURE SIGNATURE	M.D. Jefterifichen Min 11-21-59
PHYSICIAN'S SOSED F. 15 USh MZ	O HAMPSTEAD Maryland
220. BURIAL, EREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OF REMOVAL (Specify)	OR CREMATORY 22d. LOCATION (City, town, or county) (State)
23. FUNERAL DIRECTOR'S SIGNATURE 4 ADDRESS	24d. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
Harof Herlenslein, 11-ew treedon	2, Jal, DATE NOV 2 4 '59 arthur & Know

may be retained betwee haspital at attending physician.

O FUNERAL DIREC : After this certificate has been signed by the attending physician and campletely filled in by the neral director, page 3 shauld be detached for use as the burial-transit permit. Then please remove corban Papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, cremation, ar remayal, and in any event within 72 haurs file death. may be retained by VS A15 (4) 15M 9/5S

death. Page 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after

	CERTIFICATE OF DEATH		
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	Sent non-		

Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY Balto	MARYLAND	2. USUAL RESIDEN a. STATE	CE (Where deceased	l lived. If instituti b. COUNTY	on: Residence bef	ore admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town) Randallstown	e c. LENGTH OF STAY IN 16		VN (If outside corpor		URAL ond give n	earest town)
d. NAME OF HOSPITAL (If not in haspital, give stre OR INSTITUTION 3605 Stoneybrook Rd.	eet address)	d. STREET ADDI	RESS 3605 Stone	eybrook l	Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First DECEASED (Type or print) ARTHUR	W. HELINE	Last	4. DATE OF DEATH	Nov.	0	S, Year 19 59
. 7	ARRIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH		9. AGE (In years last birthday) 58 yrs.	Months Days	R IF UNDER 24 HRS. Hours Min.
USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)     Office Work     I3. FATHER'S NAME	0b. KIND OF BUSINESS OR IND  → =		Md.		12. CITIZEN C	F WHAT COUNTRY?
John Henry Heline  15 WAS DECEASED EVER IN U. S. ARMED FORCES?  (Y) no, or unknown)  (If yes, give wor or dates of service)	16. SOCIAL SECURITY NO.	INFORMANT Irs. Norma	E. Heline-	Add		k Rd.
PART I. DEATH WAS CAUSED BY:    HORDING   HORDING		E AP. TE		ESOS/	15	19. WAS AUTOPSY PERFORMED? YES NO
20c. TIME OF INJURY Month, Day, Year 20d Hour a.m. Wh	I. INJURY OCCURRED 20e. F	PLACE OF INJURY (Homactary, street, office blo	ne, form, 20f. (City	or town)	. (County	
21. I certify that I attended the dece alive on	uifnt) ERPONT, MI	M.D \$ 204	ADDRESS (SI	the causes ar reet, city or town, RTV P	d an the dat stote) LBALTO	w the deceased the stated above DATE SIGNED
226. BURIAL, CREMATION, REMOVAL (Specify) 11/30/59	Woodlawn Ce	m.	Wood	ilawn, Mo	i.	(State)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS SOC		o. REC'D BY REGIST ATE NOV 3 0 '5	0	STRAR'S SIGNATI	

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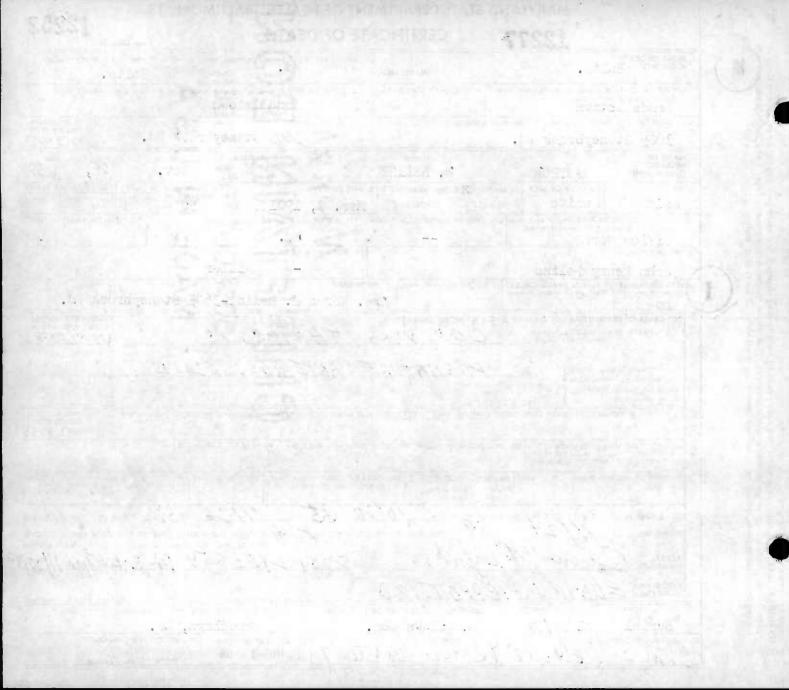
After this certificate has been signed by the attending physician and campletely filled in by the funera hed for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be :NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO FUNERAL DIRECT: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OR ATT

VS A15 (4) 15M 9/5B

and in any event within 72 haurs after death

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		122	278	CERTIF	ICA	ATE OF D	DEATH	1	······································	Reg	g. Dist. No		253
	PLACE OF DEATH	BALTO,		MARYL	AND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY BALTO,						ion)	
	RURAL and give ne	f autside carporate limerates tawn)	its, write	c. LENGTH OF STAY IN	V 16	c. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)							1)
	OR INSTITUTION	AL (If not in hospital, (				d. STREET A		BAK	ERA	VE			FARM?
3.	NAME OF DECEASED (Type or print)	IVA		Middle - HE	NI	GMAN	st .	4. DATE OF DEATH	. /	onth	5		Year 19 J 9
5.	SEX	6. COLOR OR RACE	7. MARR	ED NEVER MARRIED		B. DATE OF BIRT	a . 12-	7	9. AGE (In year last birthday		NDER 1 YEAR	Hours	ER 24 HRS. Min.
100	during most of work	ing life, even if retired	dane 10b.	HOME	INDUS	TRY 11. BIRTHPL	M. M.	ar foreign o	country)	12	2. CITIZEN C	OF WHAT	COUNTRY
13.	FATHER'S NAME	POSEPH	RAU	NIKAR		14. MOTHER'S	GNES		CHER	NIC	K		
		R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. 11	NFORMANT	Bh.	Herry		ddress 104	Belie	400	k,
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c		ne for (a), (b), and (c).]	· nu	ev					INT	ERVAL BE SET AND	TWEEN
	Conditions, if or gave rise to it cause (a), stating lying cause last.	DUE TO	) )	Chronie			phrit	45			2	oy	2
CATION	PART II. OTH			CONTRIBUTING TO DEAT	H BUT	NOT RELATED TO	THE TERMI	NAL DISEAS	SE CONDITION (	SIVEN IN	PART 1(o)	PERFO	AUTOPSY ORMED?
CERTIF	20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OC	CURRED	). (Enter nature a	of injury in I	Part I ar Pa	rt It of item 18.)				
MEDICAL	20c. TIME OF INJUR Hour a. m. p. m.	Y Month, Day, Ye	or 20d. It While at wor	Not while	PLA fac	CE OF INJURY ( stary, street, affice	Home, form e bldg., etc.	20f. (Cit	y or town)		(County)		(State)
	21. I certify the alive an ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	at I attended the	deceas , 195	-		accurred at	44			and a		ite state	
22	BURIAL, CREMATIO	N. 226. DATE THERE	OF 19	22c. NAME OF CEMET		R CREMATORY	Eav.	22d. LOCA	TION (City, town	or cau	inty)	ref (Stot	e)
23.	FUNERAL DIRECTOR	S SIGNATURE	-/	ADDRESS	100	· tas	24a. REC'	D BY REGIS	TRAR 24b. RE	GISTRAR	SIGNATU	RE	

may be retained by the hospital or attending physician.

TO FUNERAL DIRE

R: After this certificate has been signed by the attending physician and completely filled in by the undered director, page 3 should be retached for use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after death.

death. Poge 4

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A15 (4) 15M 9/55

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	146	19	CERTIFICA	AIL OI DE	7111		Reg. Dist. N	0.
	Baltimore		MARYLAND	2. USUAL RESIDENCE O. STATE	1.	b. COUNTY	Balto.	
RURAL and give	(If outside carporate lin nearest town) <b>imore</b>	nits, write c.	LENGTH OF STAY IN 1b	c. CITY OR TOWN	N (If outside corpor	rate limits, write RU		earest town)
d. NAME OF HOSI OR INSTITUTION	PITAL (If not in hospital, 4603 Lin	•		d. STREET ADDRE				e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print)	Georgia	G. He	Middle	Last	4. DATE OF DEATH	Novemb		Day Year 19 <b>59</b>
female	6. COLOR OR RACE White		NEVER MARRIED	8. DATE OF BIRTH  April 13	1. 1883			R IF UNDER 24 HR Hours Min.
House'	orking life, even if retire	done 10b. KIN	ID OF BUSINESS OR INDU	Maryla	ind	untry)		OF WHAT COUNTRY
13. FATHER'S NAME W111	iam R. Gi	llingh	am	14. MOTHER'S MAII	giana G.	McCov		
	VER IN U. S. ARMED FO	RCES? 16. SO	CIAL SECURITY NO.	informant		Addre	cle Dr	1ve #27
Conditions, if gave rise to cause (a), stotin lying cause las	immediate g the <u>under-</u> t.	c)	STRIBUTING TO DEATH BU	NOT RELATED TO THE	TERMINAL DISEASE	CONDITION GIVE	FN IN PART 1(a)	19. WAS AUTOPS
20g. ACCIDENT V	WAS UNDERLYING []	20b. DESCRIE	BE HOW INJURY OCCURRE				EN HATAKI ((o)	PERFORMED? YES NO
20c. TIME OF INJU	1.	ear 20d. INJU While of wark	_ Not while fo	ACE OF INJURY (Home actory, street, office bldg		ar town)	(County	y) (Stote
21. I certify alive on	that I attended the Now 18	deceased		, 1975, to accurred at 57 8 M.D.\014 & Cu	M, from	the causes one	d on the da	aw the decease te stated obave DATE SIGNE
22a. BURIAL, CREMAT	Frederick TON, 22b. DATE THERE		er, M.D.		Francis 22d. LOCAT	Avenue		(State)
Burial  23. FUNERAL DIRECTO	11124	159	Loudon Par		REC'D BY REGISTI	RAR 24b, REGIS	Mary	
		4107	Wilkens A	1 - 1 - 1	EMOV 2 A 150		Lug 8 Har	

Filed with oth. Page 4 may be retained to haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 shauld be filed with IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft page 3 should be detached far use as the burial-transit permit. Then please remaye carban papers. the registrar priar to burial, crematian, ar remayal, and in any event within 72 Jours Aker death. TO HOSPITAL OR A VS A15 (4) 15M 9/58

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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4	may be retained by a haspital ar attending physician.	TO FUNERAL DIREC. After this certificate has been signed by the attending physician and campletely filled in by the Mareral director.	pd	+ ha
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ARYLAND	STATE DEPARTMENT OF HEALTH—BALTIMORE,	18		
19990	CERTIFICATE OF DEATH		FILE	

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	12280	KIIFICA	AIE OF DEAT			Reg. Dist. t	No.
	. COUNTY Ballenione	MARYLAND	2. USUAL RESIDENCE (W) o. STATE	here deceased live	d. If institution b. COUNTY	n: Residence b	efore admission)
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	F STAY IN 16	c. CITY OR TOWN (IF o	outside corporate I	limits, write RL	JRAL ond give	nearest town)
	d. NAME OF HOSPITAL (If not in-hospital give street address) 12 OR INSTITUTION HOSPITAL (IF not in-hospital give street address) 12	Nova)	d. STREET ADDRESS 2524 Dru	id Par	LD	nie	e. IS RESIDEN ON A FAR YES NO
	N. NAME OF DECEASED (Type or print) ROSSWEN	Middle G.	High	4. DATE OF DEATH	Mant	h - 9	Day Yeor
		VORCED [	B. DATE OF BIRTH May 27, 1885	ła	st birthday) 74 yrs.	Months Doy	AR IF UNDER 24
	0a. USUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)	NESS OR INDU	STRY 11. BIRTHPLACE (Stote	or foreign country	1)	12. CITIZEN	OF WHAT COL
1	3. FATHER'S NAME		Georgianna	NAME ?			
	Rosswell Grover High  5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SECUR (Yes. no. or unknown)   (If yes. give wor or dates of service)		NFORMANT		Addre		
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), a		. Frank G. Hi	te - 350	04 Gree	nsprin	g Ave.
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) Literaose  442  Conditions, if ony, which gove rise to immediate couse (o), stating the under- lying couse lost.  PART I. DEATH WAS CAUSED BY:  (b) Literaose  (c) Literaose  (c) Literaose  (c) Literaose  (d) Literaose  (e) Literaose  (c) Literaose  (d) Literaose  (e) Literaose  (f) Literaose  (g) Lite	tio,	hronic fertisphy	1			NSET AND DEA
	Varionities	16	NOT RELATED TO THE TERMI			N IN PART 1(o	19. WAS AUTO PERFORMED YES NO
	(IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter nature of injury in I				
-	20c. TIME OF INJURY Month, Day, Year Mour o. m. 19 Of work of work.		ACE OF INJURY (Home, form ctory, street, affice bldg., etc.	, 20f. (City ar to	own)	(Count	(S
	ACTUAL Charles 11 William		accurred at 101	M, fram the	e causes ar	nd an the c	saw the decidate stated a
	PHYSICIAN'S Chayles H. William NAME (Typo) Chayles H. William	15	Orke.	wille	8,	md	,
	REMOVAL (Specify)	F CEMETERY O		22d. LOCATION			(Stote)
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	- But	240. REC'I	by REGISTRAR		RAR'S SIGNAT	

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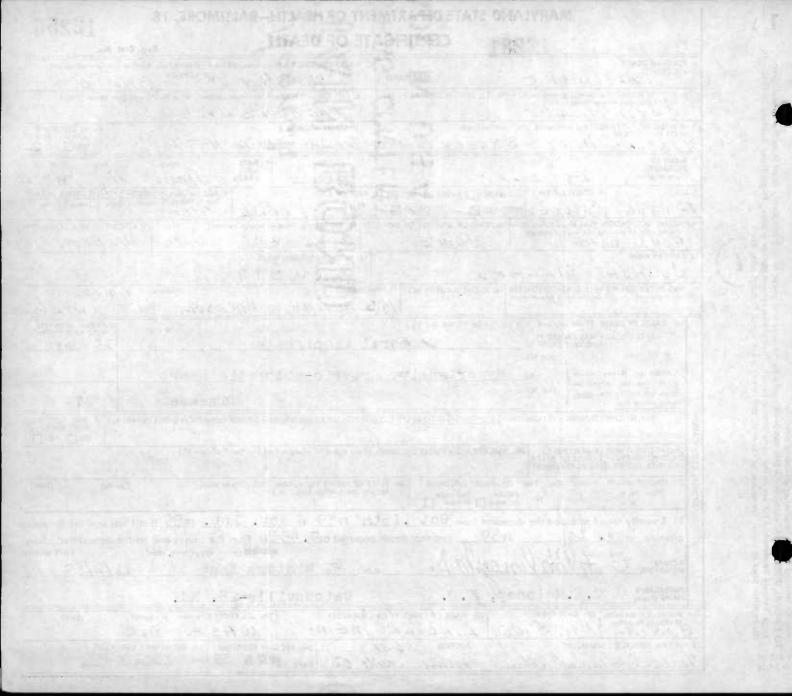
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12256

122	81 CERTIFIC	ATE OF DEATH	p. Dist. No.
1. PLACE OF DEATH o. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Re o. STATE	sidence before admission)
BALTIMORE	MARYLAND	MARYLAND	BALTO.
b. CITY OR TOWN (If outside corporate limits, v RURAL and give nearest lown) CATONSVILLE	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside corporate limits, write RURAL	and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give	street ordress)	32CATONS VILLE	e. IS RESIDENCE
OR INSTITUTION	BROBERTS AU	1 1 1 1 1 1	ON A FARM? YES NO D
NAME OF DECEASED (Type or print) ESTE		Lost 4. DATE Month OF DEATH NOU	Day Year
SEX 6. COLOR OR RACE 7.	MARRIED NEVER MARRIED	B. DATE OF BIRTH 9. AGE (In years IF U)	NDER I YEAR IF UNDER 24 HRS!
TEMALE CULORED WI Oa. USUAL OCCUPATION (Give kind of work done	DOWED DIVORCED	OCT, 31, 1882, last birthday) Mon	
AOUSEWIFE  AOUSEWIFE	HOME	COLUMBUS, CA.	C. CITIZEN OF WHAT COUNTRY
3. FATHER'S NAME		14. MOTHER'S MAIDEN NAME	
JOSHUA DILLA	RD	HARRIETT	
5. WAS DECEASED EVER IN U. S. ARMED FORCES   Yes. no. or unknown)   (If yes, give wor or dates of service)	9)	INFORMANT Address ARS, BEULAH H. JACKSON BA	6102
18. CAUSE OF DEATH [Enter only one cause		A ST BOTTON OFFICESON OF	ALTO. NATL. PU
			ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	Cerebr	ral Hemorrhage	IO days
443× DUE TO			
Conditions, if any, which gave rise to immediate (b)	Hypertensive	Arterio-scloritic Heart	
couse (o), stating the under-			
lying couse lost. (c)		Disease	7
PART II. OTHER SIGNIFICANT CONDITI	ONS CONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN	PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO
	DESCRIBE HOW INJURY OCCURR	ED. (Enter noture of injury in Part 1 or Part II of item 18.)	
Hour a.m.	20d. INJURY OCCURRED 20e. P While Not while for twork at work	LACE OF INJURY (Home, form, 20f. (City or town) actory, street, office bldg., etc.)	(County) (State)
21. I certify that I attended the de	ceased from Oct .IF	th, 1959, to Nov. Ist., 1959, the	it I last saw the decease
alive an Nov. Ist	1959 , and that deat	h accurred at 9 45 PM, from the causes and a	in i last saw the decease
a Man a	n &	ADDRESS (Street, city or town, stote)	n the date stated abov DATE SIGNI
SIGNATURE & F. Halo	noym.D.	M.D. 57 Winters Lane	II/2/59
PHYSICIAN'S C.F.Malone	e∳, M.D.	Catonsville-28. Md.	
BURIAL CREMATION, 226. DATE THEREOF BEMOVAL (Specify) NOU, 5,19	22c. NAME OF CEMETERY CO	OR CREMATORY 22d. LOCATION (City, town, or cause MEM - WAS 1+. D.	nty) (Slote)
3. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS 163	24a. REC'D BY REGISTRAR 24b. REGISTRAR	S SIGNATURE
Halland Sunual Hon	a Muid A	Will Come DATE MOV 5 '59 Call	or S. House



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19989	CERTIFIC	ATE OF DEATH		Reg. Dist. No	122	257
PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (When o. STATE Md.	e deceased lived. If institut b. COUNTY	ian: Residence befo		on)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  PARKVILLE	ENGTH OF STAY IN 16	c. CITY OR TOWN (If out	side corporate timits, write I	RURAL ond give ne	arest town)	
d. NAME OF HOSPITAL (If not in hospital, give street oddre OR INSTITUTION 2935 North Wind Rd	955)	d. STREET ADDRESS	rth Wind Ro	/.	e. IS RESID ON A F YES	FARM?
NAME OF DECEASED (Type or print) Harry	Middle	Holland	OF DEATH NO	nih Do	,	9 5 9
male white WIDOWED	,	8. DATE OF BIRTH  1-18-1876	9. AGE (In years lost birthdoy) 83 yrs.		IF UNDER Hours	Min.
a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  FATHER'S NAME	OF BUSINESS OR INDU	Penna.		12. CITIZEN C	A A	COUNTR
John Holland WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCI	AL SECTIONAL AND THE	14. MOTHER'S MAIDEN NA Delhea INFORMANT	Clancey			
rs. no. or unknown) (If yes, give wor or dates of service)		Margaret J.	Holland	sam	e	
18. CAUSE OF DEATH [Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	(o), (b), and (c).]	may Pros	teol		SET AND D	
Conditions, if ony, which gave rise to immediate cause (a), stating the under-					0	
PART II. OTHER SIGNIFICANT CONDITIONS CONT	RIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIV	VEN IN PART 1(a)	PERFOR!	UTOPSY MED?
OR CONTRIBUTING CAUSE OF DEATH	HOW INJURY OCCURRE	D. (Enter nature of injury in Par	rt I ar Part II of item 1B.)			
(IF EITHER, NOTIFY MEDICAL EXAMINER)			20f. (City or town)			(State

ACTUAL SIGNATURE

ADDRESS (Street, city or town, state)

DATE SIGNED

(State)

PHYSICIAN'S NAME (Type)

22b. DATE THEREOF

22c. NAME OF CEMETERY OR CREMATORY Parkwood

22d. LOCATION (City, town, or county) Ba more.

BURIAL, CREMATION, REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS Harford Rd.

24a. REC'D BY REGISTRAR

NOV 1 8 '59

DATE

24b. REGISTRAR'S SIGNATURE

arthur S. Krama

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D.W.	They mad V. Had		
	1500		

Page 4	rector, ed with
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained by haspital or attending physician.	TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the carried director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filled with the registrar prior to burial, crematian, ar remaval, and in any event within 72 haurs after death.
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4 haurs	d in b
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cuted w	amplet apers. th.
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ATTEN	detacl
AL OR	ould be
1OSPIT	UNERA ge 3 sh registr
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15M	10/57

		Keg. Dist. No.
1. PLACE OF DEATH Baltin one MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If instinct o. STATE Many land b. COUNTY	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, wri	e RURAL and give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress)  Ske phand Pratt Hosp.	2-25 Westwood Rd	Varclous e. IS RESIDENCE ON A FARM? YES NOSE
3. NAME OF DECEASED (Type or print) Ames Francis	Hutchins OF DEATH VO	Aonth Day Year
5. SEX  6. COLOR OR RACE  7. MARRIED NEVER MARRIED WIDOWED DIVORCED	Seht 28, 1884 9. AGE (In year)	ors IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during my of working life, even if refired)	JSTRY 11. BIRTHPLACE (State or foreign country)  Mausland	12. CITIZEN OF WHAT COUNTR
Thomas Love Hutchins	14. MOTHER'S MAIDEN MAME Anna Marie	Bousen
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17.	Hosp. Record	Address
18. CAUSE OF DEATH [Enter only one cause per line foo (a), (b), and (c).]  PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  FOLIAN  ON  ON  ON  ON  ON  ON  ON  ON  ON	noumonia	INTERVAL BETWEEN
33 4 X DUE TO Conditions, if ony, which) (b) Column aline	A Arterioschuse	34-+
gove rise to immediate couse (a), stating the under-tying couse lost.		
Satt II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISEASE CONDITION	GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
200. ACCIDENT WAS UNDERLYING   CAUSE OF DEATH OF CONTRIBUTING   CAUSE OF DEATH OF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Port I or Port II of item 18.)	
ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour o. m. p. m. 19 While Not while of work	LACE OF INJURY (Home, form, ctory, street, affice bldg., etc.)	(County) (State)
21. I certify that I attended the deceased from Febr 2 alive an 100 11 11 1959, and that death		That I last saw the deceases and an the date stated above
ACTUAL SIGNATURE SIGNATURE	M.D. Skeling d Pratt Ho	
PHYSICIAN'S M. W. Algin	Touson 4, 2	ud )
220. BURIAL CREMATION. 22b. DATE THEREOF PROVIDED STATES OF CEMETERY OF CHARGOS IN 11-14-59 SALLEY VI	OR CREMATORY 22d LOCATION (City. tow	n, or county) Md.
23. FUNERAL DIRECTOR'S SIGNATURE (or Sons abovess	0 Can 11/1	GISTRAR'S SIGNATURE

VS. A15ME(5) 5M 9/55

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	)
	/

# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12285

12260

Reg. Dist. No.

1. PLACE OF DEATH				2. USUAL RE	SIDENCE (W	Vhere decea	sed lived. If	institutions	Residence I	before ode	mission)
o. COUNTY	Baltimore	€	MARYLAND	o. STATE	Mary.	land	<b>b.</b> CC	YTAUC		1	its
b. CITY OR TOWN (If and give nearest town)	outside corporate limits, write	e RURAL	c. LENGTH OF STAY IN 15	c. CITY O	R TOWN (IF	autside cor	porote limits,	write RUR	AL and give	nearest t	own)
	Lodge For	rest.		X To	dee F	orest.	(Spar	OWS .	Point.	)	
d. NAME OF HOSPITA			ital, give street address)	d. STREET			100000	V 11 D	- V		RESIDENCE
				211	4 Oak	Road					NA FARM?
3. NAME OF	Fir	st	Middle	la	st	4. DATE		Month	Do		Year
(Type or print)	Jacob Is	saacson	n	SELL		OF DEATH		2/59		•	19
5. SEX	6. COLOR OR RACE	7. MARRIE	NEVER MARRIED	. DATE OF BIRT	Н		9. AGE (In ye	ers IFU	INDER TYEA	R IF UN	DER 24 HRS.
male	white	WIDOWED	DIVORCED	Sept 1	5 188	7	lost birthday	yrs. Mo	nths Days	Hours	Min.
10a. USUAL OCCUPATIO	N (Give kind of work	done 10b. KI	IND OF BUSINESS OR INDUST				country)	1:	2. CITIZEN	OF WHA	T COUNTRY?
during most of working			C+col	T.	mland				TT	S	
Beth Stee.	ret ret	1	Steel	14. MOTHER'S		LANE			0	D	
	-					IAME					
15. WAS DECEASED EVE			OCIAL SECURITY NO. 17. I	NFORMANT	rie?						
(Yes, no, or unknown)	(If yes, give wer or dates of	service)						dress	7 7		70
		12	3-09-3959 Mi	s Marth	na Isa	acson	2114	Jak R	oad L	oage	Forest
	H [Enter only one cau	se per lineffe	or (o), (b), and (c).]	6	1		-		IN	TERVAL BETY	WEEN
PART I. DEAT	H WAS CAUSED BY:	10	Monary	(Ccc	14	5102	1			lan	
420.1	DUE TO										
Conditions, if on									100		
gove rise to immed	iote couse										
(o), stoting the u	noerlying								0.50		
	FR SIGNIFICANT CON		NTRIBUTING TO DEATH BUT I	OT PELATED TO	THE TERAN	NIAL DISEAS	E CONDITION	I CIVEN II	NI BART 1/-1	10 14/45	AUTORCY
OF TAKE III. OIL	ER STOTALLONG	01110113 <u>CO1</u>	TRIBOTING TO BEATER BOTT	OI KELKIED IC	J ITTL TERMI	NALDISEAS	E COMDITION	OTTEN	N FAKI 1(0)	PERF	ORMED?
S EVERNAL SAL	er ince									YES 🗌	№ 🔲
PART II. OTH  20a. EXTERNAL CAU PRIMARY OF CON CAUSE OF DEATH.	SE WAS ITRIBUTING	b. DESCRIBE	HOW INJURY OCCURRED. (E	nter noture of i	njury in Port	l or Port II	of item 18.)				
ZOc. TIME OF INJUR Haur a. m. p. m.	Y Month, Day, Yea	20d. IN While	Not white 20e. PLA	CE OF INJURY (	(Home, form, e bldg., etc.)	20f. (City	y or town)		(County)		(Stote)
	19		k at work	48.6							97.0198
21. I certify th	at I took charge	of the re	emoins described abo	ve, held an	Autopsy	/ 🔲 , li	nspection	☑, Ir	nquiry [	1, and	find that
death resulted	from: Ngtyral	causes X	, Accident [], Sui	cide [], H	Homicide	□, U	ndetermin	ed caus	е П.	-	
	1 //1/	1/1/2	00.								
ACTUAL	a VIC	KE	Ellen	CHIEF A	MEDICAL EX	AMINER [				DATE	SIGNED
SIGNATURE	unive	. ^		_M.U.	ANT MEDICA						
EXAMINER'S NAME (Type)	TACK (	0 (2	ollins		MEDICAL E		_	STE	1	1-3	-57
220. BURIAL, CREMATION REMOVAL (Specify)	N. 226. DATE THEREO	OF 2	72c. NAME OF CEMETERY OR	CREMATORY		22d. LOCA	TION (City, to	wn, or co	unty)	(Sto	ote)
buris ] 23. FUNERAL DIRECTOR'S	Nov 5/50		Oak Lawn Ceme	tery	24- 85-010	Bal	timore	Coun	ty	. me	
		0 277				OV Q			R'S SIGNAT		
OTTLTCH L	mierar nom	IC KILK	Dundalk Ave;		DATE N	013	'59	Clith	w 8. 40	saud	

TOTAL SECTION OF SECTI

Reg. Dist. No.

1. PLACE OF DEA o. COUNTY	тн Baltimore		MARYLA		USUAL RESIDENCE o. STATE	E (Where deceased aryland	l lived. If instituti b. COUNTY	on: Residence	before admi	ssion)
b. CITY OR TO	WN (If outside corporate limi	its, write c. LEN	NGTH OF STAY IN	N 1b	c. CITY OR TOWN	I (If outside corpo	rote limits, write R	URAL ond giv	re nearest to	vn)
Fort Ho	ward		7 days		Baltimo	ore	3	V01-		
d. NAME OF H	OSPITAL (If not in haspital, g	give street address	1)		d. STREET ADDRES	SS			e. tS RI	A FARM?
	s Administrat:	ion Hosp	ital		637 St	irling S	treet			□ NO 🔽
3. NAME OF DECEASED	Fig		Middle		Last	4. DATE OF	Mor		Day	Yeor
(Type or print)	ELI				ACKSON	DEATH	Novemb		1	19 59
5. SEX	6. COLOR OR RACE	7. MARRIED W	NEVER MARRIED		ATE OF BIRTH	200	9. AGE (In years lost birthdoy) 67 yrs.		oys Hour	1
Male	Negro  UPATION (Give kind of work				uly 8, 18			12 CITIZE	N OF WHAT	COUNTRY
during most of	of working life, even if retired	l)	OF BUSINESS OK	INDUSTRI						CODIVIKII
Labore 13. FATHER'S NAM		Telep	hone Co.	14	Drakes I	Branch, I	/irginia	U.	S.A.	
Toh	n Jackson				Marv	Jones				
15. WAS DECEASE	EDEVER IN U. S. ARMED FOR		L SECURITY NO.	INFO	RMANT		Add	ress	15-20-	
Yes, no, or unknown)	(If yes, give wor or dates of s		07 2736	Clin	. Rec. T	VAH Balto	18. Md.	Ft. F	loward	Div.
	OF DEATH   Enter only one co		-12	0 444	11000		20,		INTERVAL	
	I. DEATH WAS CAUSED BY:			COUTA	D ACCIDE	ATT			ONSET AN	D DEATH
33/	IMMEDIATE CAUSE (	) CE	REBRO-VA	POCUTA	R ACCIDE	N.T.			9 da	ys
551	DUE TO									
	, if ony, which ) (b	HY	PERTENSI	CON					Unkn	own
	to immediate DUE TO	,								
lying couse		-1								
Z PART I	I. OTHER SIGNIFICANT CON		BUTING TO DEAT	TH BUT NO	RELATED TO THE	TERMINAL DISEAS	E CONDITION GIV	VEN IN PART 1	1(o) 19. WA	SAUTOPSY
NO PART I	mine METITATIO.	ד מישים אד	DDIE CEE	TOD AT	ADMEDV (	THE CAMPOS	TC			FORMED?
T DO ACCIDE	TES MELLITUS;				nter noture of injut				153 [	7 140 00
OR CONTRIB	NT WAS UNDERLYING  UTING CAUSE OF DEATH OTIFY MEDICAL EXAMINER)	206. DESCRIBE P	10W INJURT OC	CORRED. (E	nter noture of injur	ry in Fort 1 or For	i ii or iieiii ib.,			
	INJURY Month, Doy, Ye	or 20d. INJURY	OCCUPATED /	On BLACE	OF INJURY (Home,	5 305 (City		10-	unty)	(Stote
20c. TIME OF Hour	o. m.		Not while	foctory	street, office bldg	, rarm, 1 201. (City i., etc.)	or rown)	(Co	untyj	(21016
WE	p. m. 19		ot work							
21. I certi	fy that VAttended the	deceased fro	am Octobe	er 25	. 1959 . ta	Nov embe	r 1 . 19 5	9hadddaa	COCOCC	AND STREET
WINDS. NO. IS	an	<u>aaraaaaa</u>	_, and mare	acam ac	corred dilling		treet, city or town,			ATE SIGNE
ACTUAL	of he				TATE D				77	17/50
SIGNATURE	My man	eno		M.D.	VAH Dal	to., Md.	It. Howa	ra viv.		1/59_
PHYSICIAN'S NAME (Type	S. J. MANGU	M.D.			VAH Bal	to.,Md.	Ft. Howa	rd Div	. 11/	1/59
22o. BURIAL, CRE	MATION, 22b. DATE THERE		NAME OF CEMET	TERY OR CR	EMATORY	22d. LOCA	TION (City, town,	or county)	(St	tote)
	pecity) 18 - 5 -	57 Ba	ltimore	Nati c	nal Ceme	terv B	altimore	Marv	land	
	CTOR'S SIGNATURE		ADDRESS	A con				ISTRAR'S SIGN	2 4 4 4 4 4	
Ehre	2060 il	MIM	M KST	and	1/1/2			. 0 1		
	The same	ODTO	CM DAT	mo		THUY 2 '5'	2Ca	Lug J. T.	saud.	
PHYSICIAN'S NAME (Type) 220. BURIAL, CRE REMOVAL (S BURIAL) 23. FUNERAL DIRE	MATION, 22b. DATE THEREO Pecify 6 5	OF 37 Ba	Altimore ADDRESS A Br	TERY OR CR	ematory nal Cemer log M1240.	22d. LOCA	Ft. Howa FION (City, town, altimore FRAR 24b. REGI	rd <sup>D</sup> iv or county) Mary	• 11/ (Si	

haspitol or attending physician.

After this certificate has been signed by the attending physicion and campletely filled in by the Youreral director, After this certificate has been signed by the aleane remove carbon papers. Pages 1 and 2 should be filed with oth. Page 4 requires that the deoth certificate be executed within 24 haurs oft Then please remove carban papers. event within 72 hours after death. page 3 should be detached for use as the burial-tronsit permit. the registror prior to burial, cremotian, ar removal, and in any

may be retained b TO HOSPITAL OR A VS A15 (4) 15M 9/58

down and the state of the state T 94 PH PH in the day of the second of A. N. D. Market and A. S. S. Sandara and S. S. S TEN MY 2550 COLD From WIN BESON MY FEE JE. .vill brine. art mind enterproduction of the second second WARRED William of The Property BANGER To the last of the second Committee and the state of the Mr. 27-27 Salations and only bearing the Market States 

19907 CERTIFICATE OF DEATH 12262

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PLACE OF DEATH O. COUNTY Baltin	nore		MARYLA	ND 2. U	SUAL RESIL STATE Mary	land	ere decease	b. COUNTY		nce before	admiss	ion)
b. CITY OR TOWN RURAL and give in	(If outside corporate limits	, write	c. LENGTH OF STAY IN				utside corp	orote limits, write F	RURAL ond	give near	est town	1)
Fort I			48 Days		Balt	imore	(13)		3 V	11-1	1	
	TAL (If not in hospital, give	ve street o		0	J. STREET A	DDRESS					. IS RES	IDENCE FARM?
	ns Administ	ratio	on Hospital		2028	Llew	el <del>y</del> n	Avenue				NO X
3. NAME OF DECEASED (Type or print)	First	FORGI	Middle	.1	Los	1	4. DATE OF DEATH	Mor		Doy 19		Yeor 1959
5. SEX			ED NEVER MARRIED		TE OF BIRTH			9. AGE (In years		1 YEAR		
26-7 -		WIDOWE			ch 25	. 188	),	75 birthdoy)	Months	Doys	Hours	Min.
Male Oa. USUAL OCCUPATI during most of wo Janitor	ON (Give kind of work dorking life, even if retired)				11. BIRTHPL	ACE (Stote	or foreign o			U. S.		OUNTRY
3. FATHER'S NAME				14.	MOTHER'S							
William	Jackson				Elie	Wash	ingto	n				
Yes, no, or unknown)	ER IN U. S. ARMED FORC (If yes, give war or dates of ser WW I	wice)	7-01-9851	Clini		ecord	s,VAH	,Balto.18	oress B, Md.,	Ft.H	lowa	rdDi
18. CAUSE OF DE	ATH [Enter only one cou	se per line	e for (o), (b), ond (c).]				7-			INTE	EVAL BE	TWEEN
PART I. DE	ATH WAS CAUSED BY:	MTTCT	A OF THE LU	MAG						ONS	VIRINC	WN
420.0	DUE TO	12.10 (2.10)	A OF THE DO									
Conditions, if	ony which )	ARTE	RIOSCLEROTI	C HEAL	RT DIS	SEASE				U	NKNC	WN
gove rise to couse (o), stoting lying couse lost	the <u>under</u> DUE TO				<u> </u>							
Carcinom peritrac	HER SIGNIFICANT COND a of stomach hael lymph	itions co l wit lodes	ontributing to DEATH h metastase	BUT NOT	the 1	THE TERMI	nal diseas Deria	ortic and	VEN IN PAR	RT 1(o) 19	PERFO	AUTOPSY RMED?
20a. ACCIDENT W	AS UNDERLYING 2 CAUSE OF DEATH MEDICAL EXAMINER)	20b. DESC	RIBE HOW INJURY OCC	URRED. (Ent	er noture o	f injury in f	Port I or Po	rt II of item 18.)	A.			
20c. TIME OF INJU Hour o. m. p. m.	RY Month, Doy, Year 19	While	JURY OCCURRED 20 Not while of work	foctory, s	F INJURY (I street, office			y or town)	(	County)		(Stote
21. I certify t	hat Kattended the	deceose	d fromOctober	. 2	. 1959	to No	vembe	r 19. 19.59	PRESERVE AND A STATE OF THE PROPERTY OF THE PR	GOGG	CIONOR	Mane.
30000000000000000000000000000000000000	000000000000	COMPCO	OOOK, and that de	eoth occi	urred at_	8:10A	M, from	the couses or	nd on th	e dote	stoted	above E SIGNE
ACTUAL SIGNATURE	folian Cl (	yau	ford	M.D.	Juli	1				n	11/	19/5
PHYSICIAN'S NAME (Type)_J(	OHN W. CRAWF	ORD,	M.D.		VAH, B	ALTO.	18,MD	FORT HOW	VARD I	DIVIS	SION	
220. BURIAL, CREMATIC REMOVAL (Specify Burial		159	22c. NAME OF CEMETE Baltimore			em.		imore, Ma	"	nd	(Stot	e)
3. FUNERAL DIRECTO	S'S SIGNATURE		ADDRESS			24a. REC'I	D BY REGIS	TRAR 24b. REG	ISTRAR'S SI	GNATUR	E	
Arlington	S. Phillips	.1808	N. Monroe	St.		DATNOV	2 4 '59	3 ani	hung &	Kana		
			Baltimore ]	7.Mf.		7				-		

ath. Page 4

TO HOSPITAL OR ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after expense 4 may be retained by hospital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the forestar, page 3 should be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hayrs after death.

VS A15 (4) 1SM 9/SB

HIARD HE STATISTICS OF PERCEN The division Agracual Colored and the freed on the first and a transfer The state of the strength of A. Seinelle attended At the way of the standard by THE PARTY OF THE P The property of the state of consense of the second of the state of th Control to Control to the Control of PRESENTE MONTHS TO THE TRANSPORT OF THE PROPERTY OF THE PROPER be the control of the test of the control of the co white the second of the second

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	1. PLACE C
	b. CITY RURA

eath. Page 4

12288 **CERTIFICATE OF DEATH** 

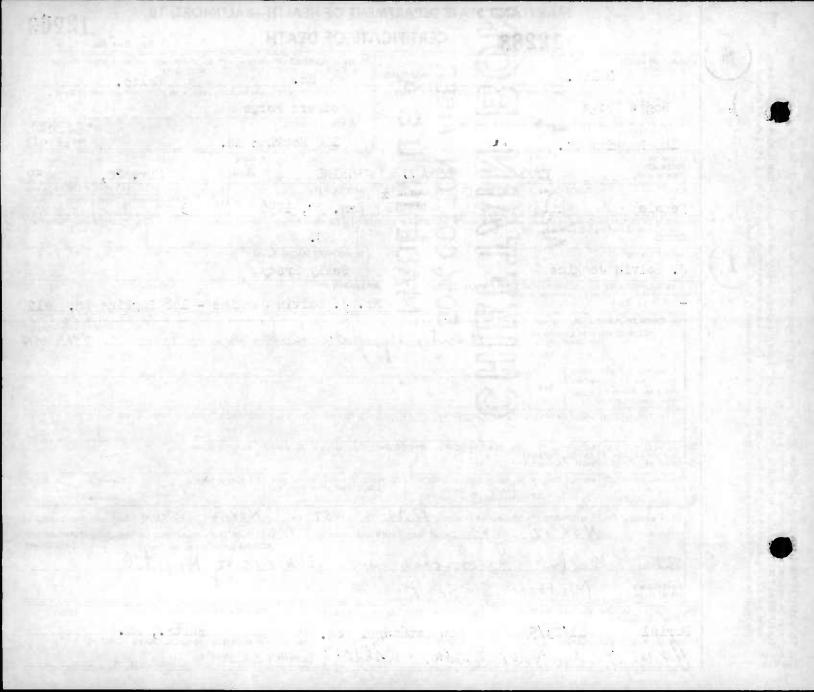
Reg. Dist. No.

1. PLACE OF DEATH  o. COUNTY  B	alto.		MARYLAND	2. USUAL RESIDENCE (Where deceosed lived. If institution: Residence before admission) o. STATE b. COUNTY Balto						
b. CITY OR TOWN (IF	outside corporote limi prest town) TSE	ts, write c	. LENGTH OF STAY IN 16		Rodgers		rote limits, write R		nearest town)	
d. NAME OF HOSPITA OR INSTITUTION 148 Hopki		ive street odd	dress)	/ d. STREET ADDRESS  148 Hopkins Rd.  e. IS RESIDENCE ON A FARM? YES \( \sqrt{NO} \)						
3. NAME OF DECEASED (Type or print)	Fir MAR		Middle GERARD	JENH	Last	4. DATE OF DEATH	Man	Nov. 20,	Day Year 19 59	
5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED	8. DATE	OF BIRTH		9. AGE (In years lost birthday)	Months Doys	AR IF UNDER 24 HRS.	
Female	White	WIDOWED		-	1. 30, 1		3 yrs.	1	110013	
during mast af worki	N (Give kind of work on ng life, even if retired	done 10b. Kir	ND OF BUSINESS OR IND	USTRY 11.	8IRTHPLACE (SI	tote or foreign o	ountry)	12. CITIZEN	OF WHAT COUNTRY?	
13. FATHER'S NAME		-37			OTHER'S MAIDE					
J. Calvin	Jenkins			5	Sally Br	ady				
15. WAS DECEASED EVER	IN U. S. ARMED FOR		CIAL SECURITY NO.	INFORMA			Add			
-				Mr. J	. Calvi	n Jenki	ns - 148	Hopkins	Rd. #12	
Conditions, if on gove rise to in couse (o), stating the lying couse lost.  PART II. OTHER	mediote DUE TO (c ER SIGNIFICANT CON  S UNDERLYING  CAUSE OF DEATH	DITIONS <u>CO</u>	NTRIBUTING TO DEATH BU	IT NOT RE	ATED TO THE TE		E CONDITION GIV	VEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
ZOc. TIME OF INJURY Hour o. m. p. m.		20d. INJU While at work	_ Not while f		NJURY (Home, set, office bldg.,		or town)	(Count	y) (Stote)	
21. I certify the alive on	Nov. 17	deceased , 19_5		h accur	red at 8:13	SAM, from	the causes an	d an the da	aw the deceased te stated abave. DATE SIGNED	
PHYSICIAN'S NAME (Type)	Milton	v S	SACKS				ł ,			
220. BURIAL, CREMATION REMOVAL (Specify) Burial 23. FUNERAL DIRECTOR'S	11/23/59		New Cathod Address		em. 24a. R	22d. LOCA REC'D 8Y REGIST NOV 2 3 '5	0	or county)  Md  STRAR'S SIGNAT		

After this certificate has been signed by the attending physician and campletely filled in by the Frozeral director, ched far use as the burial-transit permit. Then please remave <u>carb</u>an papers. Pages 1 and 2 shauld be filed with UDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after may be retained to the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. TO HOSPITAL OR AL VS A15 (4) 15M 9/58

the registrar priar to burial, crematian, ar removal, and in any event within 72 hays after death



12264

12289

**CERTIFICATE OF DEATH** 

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1. PLACE OF DEATH  o. COUNTY  Bal 1	imore		MARYLAND	2. USUAL RESIDENCE (Vo. STATE Mary)		ed lived. If institution b. COUNTY	on: Residence	e before adm rundel	ission)
b. CITY OR TOWN ( RURAL and give n  Fort		ts, write	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (I			URAL ond gi		wn)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, g		oddress)	d. STREET ADDRESS				e. IS R	ESTDENCE A FARM?
Vetera	ns Administ	rati	on Hospital	110 1	rince	George St	reet	YES	☐ NO 🔀
. NAME OF DECEASED (Type or print)	GROVI		Middle P.	JOHNSON	4. DATE OF DEATH	Novemb		25	Yeor 19 59
. SEX			EIED NEVER MARRIED	B. DATE OF BIRTH	3.000	9. AGE (In years last birthday)	7	YEAR IF UN	_
Male	White	WIDOWE		February 18		52 yrs.			
during mast af wor  Accountar	king life, even if retired)		kind of Business or Indu			country)		U.S.A.	COUNTRY
3. FATHER'S NAME			· ·	14. MOTHER'S MAIDEN	NAME				
Goldshorm	igh Johnson			Augusta	Robins	son			
	R IN U. S. ARMED FOR	CES? IA	SOCIAL SECURITY NO	INFORMANT		Addr	ess		
Yes, no, or unknown) Yes	(If yes, give wor or dates of se	rvice)	214-07-7922 C1	in.Records.V	AH, Balt			rd Div	ision
20a. ACCIDENT W. OR CONTRIBUTING (IF EITHER, NOTIFY 20c. TIME OF INJUR	mmediate the under (c)  HER SIGNIFICANI CONFOCATOR IN  TOCATOR IN  TOTAL TO THE TOT	COR DITIONS OF If arc le To 20b. DESC	TRIBE HOW INJURY OCCURRI	ON  T NOT RELATED TO THE TER  ORTONARY OCC.  ED. (Enter nature of injury in the control of injury injury in the control of injury inju	in Port I or Po			1(a) 19. WA	S AUTOPS ORMED? NO [
	19		k ot work	octory, street, office bldg.,		05 50			
ACTUAL SIGNATURE		Ca	ed fram November  EXXXX and that death  M.D.	h accurred at 6:11	AM O_M, fram ADDRESS (: TIMORE	MD. FT H	d an the	date state	
20. BURIAL, CREMATIC REMOVAL (Specify) Burial		19	22c. NAME OF CEMETERY C	OR CREMATORY	22d. LOCA	TION (City, tawn, oridge, Ma			ote)
3. FUNERAL DIRECTOR		Can	ADDRESS	24a. RE	OV 2 7	TRAR 24b. REGIS	TRAR'S SIGI	NATURE	

d be filed with hospital or attending physician. After this certificate has been signed by the attending physician and campletely filled in by the Fareral After this certificate has been signed by the attending physician and carban papers. Pages 1 and 2 shauld be after death in any event within 72 haurs after de page 3 shauld be detached far use as the burial-transit permit. the registrar priar to burial, crematian, ar remaval, TO HOSPITAL OR ATT

NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft

VS A15 (4) 15M 9/58

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12198

**CERTIFICATE OF DEATH** 

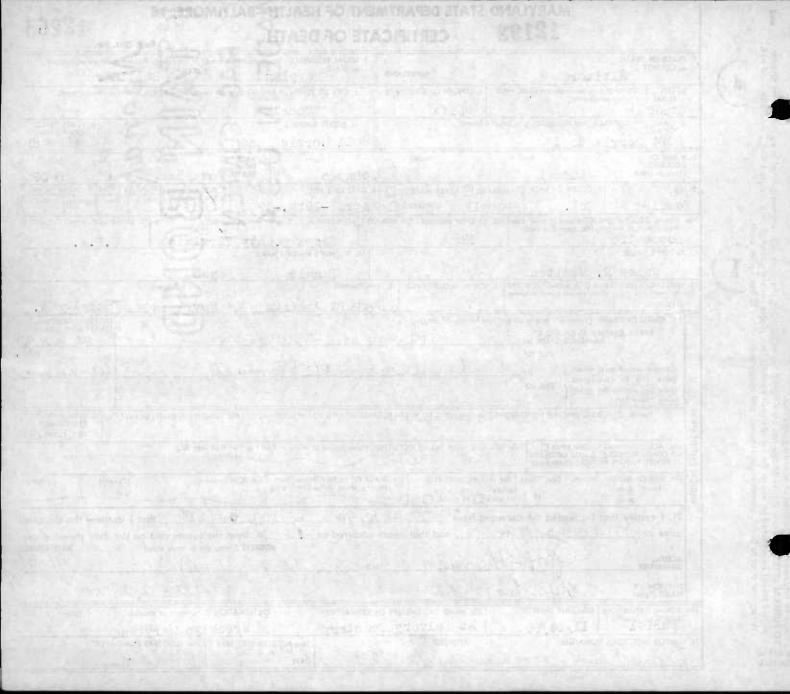
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									Made Dis	,	
1. PLACE OF DEATH  o. COUNTY  Bal	timore		MARYL	AND	O. STATE	ryla:		d lived. If instituti b. COUNTY	on: Residenc	e before od	Imission)
b. CITY OR TOWN RURAL and give a	(If outside corporate lim nearest town)	its, write	c. LENGTH OF STAY I	N 16	100	wn (if o	. 4	rate limits, write F			town)
	TAL (If not in hospital, o	give street			d. STREET AD	DRESS		135		0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Luceal	rst	Middle		lost John son		4. DATE	November		Doy 20	Yeor 19 59
5. SEX Female	6. COLOR OR RACE	7. MARI	RIED NEVER MARRIEI		April-19	th	400	9. AGE (In years last birthdoy) 56 yrs.	IF UNDER 1	YEAR IF U	NDER 24 HRS.
10o. USUAL OCCUPATI during most of wor Housewife	king life, even it retired	done 10b.	KIND OF BUSINESS OR Home	INDUS	TRY 11. BIRTHPLA	CE (State	or foreign co			ZEN OF W	HAT COUNTR
3. FATHER'S NAME	R. Moulton				14. MOTHER'S N	AAIDEN N	AME			-	
The state of the s		CES? 16.	SOCIAL SECURITY NO.	-	Fann FORMANT Orbert Jo			Add Norris			
Conditions, if c gove rise to couse (o), stoting lying couse lost.	mmediate (		eare	n	may	St	ma	else		len	Know
lying couse lost.	) (0		CONTRIBUTING TO DEAT	TH BUT I	NOT RELATED TO T	HE TERMI	NAL DISEASI	CONDITION GIV	'EN IN PART	1(o) 19. W	AS AUTOPSY RFORMED?
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER	20b. DES	CRIBE HOW INJURY OC	CURRED	. (Enter nature of i	njury in P	ort I or Port	II of item 18.)			□ NO/S
20c. TIME OF INJUI Hour a. m. p. m.	RY Month, Doy, Ye	20d. If While at work	_ Nat while	Oe. PLA foct	CE OF INJURY (Ho ory, street, office b	ome, farm, oldg., etc.	20f. (City	or town)	(Co	ounty)	(State)
21. I certify the	nat I attended the	deceas	ed fram MVV.	4/ death	5.419, occurred at	12		the causes o	ind an the	ast saw to e date st	he decease
ACTUAL SIGNATURE	JH.	21	umas	N	A.D	10	771	meet, city or town,	state)		DATE SIGNI
PHYSICIAN'S NAME (Type)	ONF19		mae.					Dalto	22	m	9
20. BURIAL, CREMATIC REMOVAL (Specify) BULLIA	11/24/59		22c. NAME OF CEMET					OOKLYN Me			Stote)
3. FUNERAL DIRECTOR	S SIGNATURE	0 B	ADDRESS	1	3 01 2	4 AN PEC'D	283 REGIST	RAR 246. REGIS	TRAR'S SIGN	NATURE	

eral director, be-filed with Jeath. Page TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs after TO FUNERAL DIRECT. After this certificate has been signed by the attending physician and campletely filled in by the page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 sho the registrar prior to burial, cremation, ar removal, and in any event within 72 hours offer, death.

VS A15 (4) 15M 10/57



VS A15 (4)

15M 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12290 CERTIFICATE OF DEATH

12266

Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Maryland Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town) RURAL and give nearest town) White Marsh White Marsh e. IS RESIDENCE d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION ON A FARM? YES NO Box 294 Cowenton Ave. Box 294 Cowenton Ave NAME OF 4. DATE Middle Day Year DECEASED 1959 (Type or print) Edward DEATH .John Kahl November S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthday) Months Days DIVORCED [ May 28, 1892 67 WIDOWED | Male 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Baltimore, Md. USA Farmer Farming 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME George Mary Furnkas 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT Address Box 294 Cowenton Ave. Mrs. Theresa Kahl 220-34-6664 No 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CATION PART II. OTHER SIGNIFICANT CONDITIONS RIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAPPISEASE CONDITION GIVEN IN PART 1(d) 19. WAS AUTOPSY PERFORMED? YES NO OR CONTRIBUTING CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part 1 or Part II of item 1B.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Hame, farm, 20c. TIME OF INJURY Month. Day. Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg-etc. a. m While Not while at work at work 21. I certify that I attended the deceased fram that I last saw the deceased and that death accurred and M? fram the causes and an the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL PHYSICIAN ! NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, tawn, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) Fullerton Balto. Co. Md. Burial Nov. 24. 1959 St. Joseph's 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

NOV 2 5 '59

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12220 CERTIFICATE OF DESCI The second state of the second 

Page 4

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attending physicion Then please remove

After this certificate has been signed by

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the registrar prior to burial,

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IDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12967

12291	CEKTIFICA	ALE OF DEATH	Reg. Dis	st. No.
1. PLACE OF DEATH O. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Where decease a. STATE	1 001111711 /	ce before admission) timore
b. CITY OR TOWN (If autside carporate limits, write RURAL and give neprest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If outside carpo	parkville	give nearest tawn)
d. NAME OF HOSPITAL (If not in haspital, give street OR INSTITUTION 2810 Taylor	Λ	d. STREET ADDRESS 7804 Harford	Rd.	e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) James	L. Kilcher	Last 4. DATE OF DEATH	Nov.	18 Year 19 59
5. SEX 6. COLOR OR RACE 7. MARK male white widowi		6-12-1900	9. AGE (In years last birthday) 5 9 yrs.	1 YEAR IF UNDER 24 HRS Days Haurs Min.
10a. USUAL OCCUPATION (Give kind af wark dane 10b. during most af warking life, even if retired)	STOCKY	STRY 11. BIRTHPLACE (State or foreign of MARY 1414)	country) 12.CITI	ZEN OF WHAT COUNTRY
FRANK C. KILChe	NSTein	Adelald &	MACKIN	SON
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) [If yes, give war or dates of service) 2		Mary M. Kilchen	stein sa	me
1B. CAUSE OF DEATH [Enter only one couse per li PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	ne far (a), (b), and (c).]	y occlusio	2	INTERVAL BETWEEN ONSET AND DEATH
Canditians, if any, which (b)	teriosci .	lerotie hype	tension +	15 yea
gave rise to immediate cause (a), stating the under-lying cause last.	errous cor	onary occlus	sion 1958	1
	en in Jan	NOT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PAR	T 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH	CRIBE HOW INJUN OCCURRE	D. (Exer nature of injury in Part I or Pa	rt II af item 1B.)	
Haur a.m. While		ACE OF INJURY (Hame, farm, 20f. (Citctary, street, affice bldg., etc.)	y ar tawn) (C	Caunty) (State)
21. I certify that I attended the decease alive an MOYILS , 195	-63	occurred at 16.22M, from		st saw the deceased date stated above
ACTUAL G. M. B	scon	Mod 810 Taylor	Our, Ball	Eucora 15
PHYSICIAN'S A M B	ACON	U mi ion	Md.	
AAN BURIAL, CREMATION,   220. DATE THEREOF	22c. NAME OF CEMETERY O	K CREMATORY ZZd. LOCA	(TION (City, tawn, or caunty)	(State)

page 3 should be detached for use as the buriol-transit may be retained b TO HOSPITAL OR VS A15 (4) 15M 9/58

Durial 11-21-59 Holy Redeemer Cem.
UNERAL DIRECTOR'S SIGNATURE ADDRESS 240.

Leonard J. Ruck 5305 Harford Rd DATE

DATE 23. FUNERAL DIRECTOR'S SIGNATURE

24a. REC'D BY REGISTRAR

Baltimore,

24b. REGISTRAR'S SIGNATURE

DATE NOV 2 0 '59

Onthur S. Krama

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VS A1S (4) 1SM 9/SB

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

12268

12292	CERTIFICATE C	PEATH	Reg.	Dist. No.
DALTIMORE COU	o. STA	L RESIDENCE (Where decease TE MARYLAN	b. COUNTY	dence before admission)
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	LENGTH OF STAY IN 16 c. CIT	Y OR TOWN (If outside corpo	orote limits, write RURAL or	id give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street addr OR INSTITUTION 8927 VICTORY AV	/ -	REET ADDRESS 827 VICTOR	RY AVE	e, IS RESIDENCE ON A FARM? YES NO
NAME OF DECEASED (Type or print) PRISCILLA	Middle	Last 4. DATE OF DEATH	Manth	Day Year 25 1959
FEMALE WHITE WIDOWED	NEVER MARRIED   B. DATE O	0 1073	9. AGE (In years last birthdoy) 85 yrs.	DER 1 YEAR IF UNDER 24 HRS Doys Hours Min.
Oa. USUAL OCCUPATION (Give kind of work dane 10b. KIN during most of working life, even if retired)	O OF BUSINESS OR INDUSTRY 11. B	IRTHPLACE (State or foreign		CITIZEN OF WHAT COUNTRY
REUBEN REHRIG		THER'S MAIDEN NAME	OCH	
5. WAS DECEASED EVER IN U. S. ARMED FORCES? [16. SOC (Yes, no. or unknown)] [If yes, give wor or dates of service]	\ \ A I ·	1	Address VICT	ORY AVE.
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  4 2 0 ,  Conditions, if ony, which gave rise to immediate couse (o), stoting the under- lying couse last.  (c)	enary Hi	the Cardi	Virsula disea	20 yrs
PART II. OTHER SIGNIFICANT CONDITIONS CON	FRIBUTING TO DEATH BUT NOT RELA	TED TO THE TERMINAL DISEAS	se condition given in F	PART 1(o) 19. WAS AUTOPS PERFORMED? YES NO
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	E HOW INJURY OCCURRED. (Enter no	ature of injury in Part I or Po	rt II of item 1B.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. While p. m. 19 of work		JURY (Home, farm, 20f. (Cit, office bldg., etc.)	y or town)	(County) (State
21. I certify that I attended the deceased alive an ACTUAL SIGNATURE PHYSICIAN'S	fram Jan 1997 1997 1997 1997 1997 1997 1997 199		,	last saw the decease the date stated above DATE SIGNE
NAME (Type)	c. NAME OF CEMETERY OR CREMATO	ORY 22d. LOCA	TION (City, town, or count	y) (Stote) REDNSYLV
				- I I'm by IV Y I by Y I

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	2.000	Reg. Dist. 140.
1.	. PLACE OF DEATH O. COUNTY Ballimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE December 1. STATE b. COUNTY Ballimer
	b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b RURAL and give negrest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION	d. STREET ADDRESS  BLAYMANN Sane  e. IS RESIDENCE ON A FARM? YES \( \sigma \) NO \( \sigma \)
3.	N. NAME OF DECEASED (Type or print) CARD JACOB ALIN	16 EL HOFER DEATH HOU! 22 1959
5.	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   B	DATE OF BIRTH  9. AGE (In years left UNDER 1 YEAR IF UNDER 24 HRS.  Months Days Hours Min.
10	Oo. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  H. M. Willey	TRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	athle Klingelhofer	Mary Wess
	S. WAS DECEMSED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN  [Yes. no. or untrown]   If yes. give wor or dates of service) 2/4-03-3669 7	MenoSusie Hingellesfer - Twife
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  UPLE TO  Conditions, if ony, which gove rise to immediate couse (o), stoting the under-lying couse lost.	Seart Direare ONSET AND DEATH
FICATION		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
-	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	. (Enter nature of injury in Port 1 or Port II of item 18.)
MEDICAL	20c. TIME OF INJURY Month, Doy, Year While Not while of work to twork to the p.m.	CE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased from alive on 122, 1929, and that death  ACTUAL SIGNATURE No. 8 Martin N	occurred at 2 1 M, from the causes and on the date stated above  ADDRESS (Street, gity or town, state)  DATE SIGNED  A.D. Paudullulo was The
	PHYSICIAN'S NAME (Type) N/M, EMARTIN	RANDALISTOWN Md
27	220. BURIAL CREMATION 226. DATE THEREOF REMOVAL (Specify) 11-25-59 22c. NAME OF CEMETERY OR	CEREMATORY 22d. LOCATION (City, town, or county) (Store)
23	33. FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRESS M	240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE

TO HOSPITAL OR ATTENDING PHYSICIAN: The faw requires that the death certificate be executed within 24 hours after death. Page 4 may be retained by hospital or attending physician.

O FUNERAL DIRECT After this certificate has been signed by the attending physician and campletely filled in by the page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shauld be filled with the registrar priar to burial, crematian, ar removal, and in any event within 72 haurs after death. may be retained by TO FUNERAL DIRECT VS A15 (4) 15M 10/57

SECRETARY STATE DEPOSITE AND TO SELECT AND STATE OF A S CERTIFICATE OF DEATH CO.

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE,	18
MEDICAL EXAMINER'S CERTIFICATE OF DEATH	Reg

12270

. Dist. No. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If Institution, Residence before admission) o. COUNTY Baltimore O. STATE b. COUNTY Baltimore MARYLAND Maryland b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) and give nearest town Jones Creek 19 Jones Creek vears d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 2/118 Ketchum Avenue Ketchum Avenue YES NO X NAME OF First Middle 4. DATE Month Day Year (Type or print) CHARLES WILTON KRAEMER Sr. DEATH 15th, 1959 November 5. SEX 6. COLOR OR RACE 7. MARRIED M NEVER MARRIED 3. DATE OF BIRTH 9. AGE (In years IF UNDER TYEAR IF UNDER 24 HRS. last birthday! Hours male white WIDOWED | Oct. 9.191 DIVORCED | yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign cauntry) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Copper & Brass Machinist Baltimore. Maryland 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Charles Laura Masson Kraemer William Kraemer 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address 13-09-1410 Mrs. Erma M. Kraemer same as no 1B. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c). INTERVAL BETWEEN Celusini ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) **DUF TO** Conditions, if ony, which gove rise to immediate cause DUE TO (o), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT-RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(g) 19. PERFORMED? NO D CERTIFI 20g. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW MIURY OCCURRED. (Enter noture of injury in Part I or Port II of item 18.) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) While Not while a. m. ot work at work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy . Inquiry Mand find that Inspection [] death resulted from: Natural couses 12. Accident 1. Suicide , Homicide , Undetermined cause ACTUAL DATE SIGNED CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER 11/17/59 EXAMINER'S Davis.M.D. DEPUTY MEDICAL EXAMINER NAME (Type) 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) uria BelAir Memorial Gardens 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Orthur S. Hrans Dundalk 22, Md DATE NOV 1 9 '59

VS. A15ME(5) 5M 9/55

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# FOR STATE HEALTH DEPT TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the certific, writing the ward "pending" in pendi in them. 18. Give Pages 1, 2, and 3 to the funeral differ. Page 4 should be farwed to the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained for it files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File-agges 1 and 2 with the State Board of Health, at its designated agent, prior to burial, cremotion, ar removal, and in an event within 72 hours ofter death. 1

### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12271

Reg. Dist. No.

	19905			Reg. Di	st. No.
1. PLACE OF	DEATH LINES		2. USUAL RESIDENCE (Where deced	sed lived. If institution: Residen	nce before admission)
a. COUNTY	BALTIMON	MARYLAND	0. STATE /1//)	b. COUNTY 1341	177
b. CITY OR	TOWN (If autside corporate limits, write PL nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If autside car	rporate limits, write RURAL and	give nearest lawn)
15	SEX	TO THE LOCATION OF THE PARTY OF	54ECCEY		
d. NAME C	OF HOSPITAL OR INSTITUTION (IF I	ot in hospital, give street oddress)	d. STREET ADDRESS		e. IS RESIDENCE
112	MARGARET	- AVE	112 MARGH	IRET AV	YES NO
3. NAME OF DECEASED (Type or pr	int) IRVIN	# Middle	Lost 4. DATE OF DEATH	NO 16	Day Year 1259
5. SEX	6. COLOR OR RACE 7.	MARRIED NEVER MARRIED B.	DATE OF BIRTH	9. AGE (In years   IF UNDER )	
MAL	E WHITE W	VIDOWED DIVORCED	9-28-08	lost birthday) Months (	Days Hours Min.
10a. USUAL O	CCUPATION (Give kind of work don t of warking life, even if retired)	106. KIND OF BUSINESS OR INDUST	0 -		ZEN OF WHAT COUNTRY
13171	PTEADER		BALTIMOR	PE	1, S.H.
13. FATHER'S	NAME		14. MOTHER'S MAIDEN NAME		
05	CAR KRU	122	HAMMAH	FREDE,	RICK
15. WAS DEC			IFORMANT	Address	
	(ii ) as, give war or object of serv	mi	PS. BARBARA ,	KROLL (SHILL	HS HIBOY
18. CAUS	E OF DEATH [Enter only one cause	per/line for (a), (b), and (c).]	/		INTERVAL BETWEEN
PA	RT 1. DEATH WAS CAUSED BY:	Couonaria C	occlusion		ONSET AND DEATH
14-21	O. / DUE TO	Co orrace			1002
Conditio	as if you which \	O			
gave rise	to immediate cause				
(a), stati	ing the underlying				
	101	IONS CONTRIBUTING TO DEATH BUT N	OT RELATED TO THE TERMINAL DISEAS	SE CONDITION GIVEN IN PART	MAC ALITORCY
ATIO	KI II, OTHER STOTM, CART CONTEN		TO THE TERRITAL DISEA.	SE CONDITION OIVEN IN PART	PERFORMED?
200. EXTE PRIMARY CAUSE O	[] or CONTRIBUTING []	DESCRIBE HOW INJURY OCCURRED. (E	nter nature of injury in Part I or Part I	I of item 18.)	TIGHT WOLL
	OF INJURY Month, Day, Year	20d. INJURY OCCURRED 20e. PLAC	CE OF INTHIBY IN Form I COM I C'		40
0	e. m. p. m. 19		CE OF INJURY (Home, farm, 20f. (Cit pry, street, affice bldg., etc.)	ly or town) (Cour	nty) (Stole)
21. 1 ce	ertify that I took charge o	f the remains described above	ve, held an Autopsy 🗍, I	Inspection Anguiry	y and in my
		turol causes Accident			, Land
	( 1 11 11	(2) 10		- Chochemined II	
ACTUAL	and last the	Callen	CHIEF MEDICAL EXAMINER	1	DATE SIGNED
SIGNATU	JAR JACTIVO C		M.D. ASSISTANT MEDICAL EXAMINE		1. 21-1
EXAMINI NAME (T		Pollins	DEPUTY MEDICAL EXAMINER	_	11-25-5
220. BURIAL,	CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOCA	ATION (City, town, or county)	(Stote)
BUR	1176 11-25-	59 GARDENS C.	FAITH BI	GLTO.	MD.
23. FUNERAL	DIRECTOR'S SIGNATURE	ADDRESS -1	240. REC'D BY REGIS	TRAR 246. REGISTRAR'S SIG	NATURE
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24g. REC'D BY REGISTRAR

NOV 1 9 '59

24b. REGISTRAR'S SIGNATURE

ADDRESS

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23. FUNERAL DIRECTOR'S SIGNATURE

Wm. Cook, Inc., 1217 St. Paul Street

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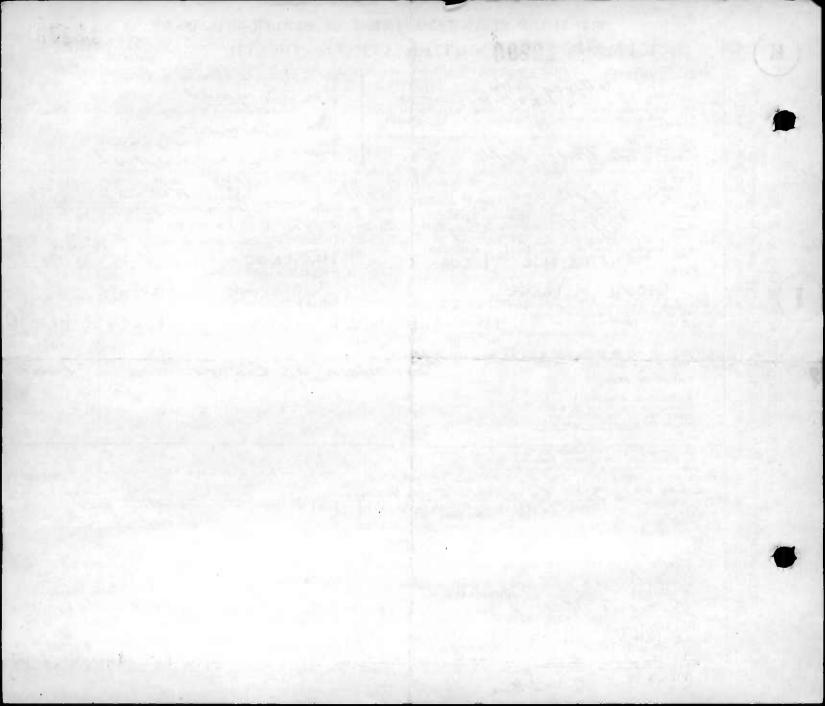
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12274

12297 **CERTIFICATE OF DEATH** 

		Keg. Dist. No.
	PLACE OF DEATH  COUNTY  BALTIMORE  MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
		MD. BALTO.
t	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	STEVENSON	X STEVENSON
-	d. NAME OF HOSPITAL (If not in hospital, give street address)	d. STREET ADDRESS   e. IS RESIDENCE
	OR INSTITUTION .	ON A FARM?
_	VILLA JULIE	VILLA OUL C- VALLEY 1(9. YES NO
r	NAME OF First Middle DECEASED Type or print) SISTER MARIE CHAIRE (ELIZA:	Lost 4. DATE Month Day Year OF THE, LEANY) DEATH NOV. 18 19 59
E	X 6. COLOR OR RACE 7. MARRIED NEVER MARRIED	8. DATE OF 8IRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
-	F WIDOWED DIVORCED	APRIL 12/1874 85 yrs. Months Days Hours Min.
Š.	. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDL during most of working life, even if retired)	ISTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY
	RET. EDUCATOR RELLCIOUS	MASS.
3.	FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	WILLIAM LEAHY	MARY HARRINGTON
. ,	/	
Yes.	DO DE UNICOMO : (If was own mor or dates of service)	INFORMANT Address
		ister Mary Valrich - Villa Julie
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]	INTERVAL BETWEEN
ı	PART I. DEATH WAS CAUSED BY:	ONSET AND DEATH
ı	IMMEDIATE CAUSE (o) WILLIAM ( Gra	& vascuely arresse.
1	446X DUE TO	
ı	Conditions, if ony, which ) (b) old ole.	l.year.
ı	gove rise to immediate DUETO	
ı	Lying cours lost	
ı	, (0)	ANOT RELATED TO THE TENNISH HAVE BUT AS CONSTITUTE OF THE SAME AS A SAME
		NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(0) 19. WAS AUTOPSY PERFORMED?  YES NO
CEKIL	20a. ACCIDENT WAS UNDERLYING DOR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	D. (Enter noture of injury in Port I or Port II of item 18.)
٠,		ACE OF INITIBY Have four Tool (C)
	Hour o. m. While Not while fo	ACE OF INJURY IHome, form, 20f. (City or town) (County) (Stole) ctory, street, office bldg., etc.)
	p. m. 19 of wark at work	
1	21. I certify that I attended the deceased fram.	1057 to New 18 1059 that I lost any the decree
	1 1 1/	, 173-1-, Indi I last saw the decease
	alive an 1. 12 19, and that death	accurred at 2 / M, from the causes and an the date stated above
П	11. 01 110	(ADDRESS (Speet, city or town, stote) DATE SIGNE
-	SIGNATURE AND	40 115 C Care 1 11-18-5
		m.b.
	PHYSICIAN'S HATOLD H. BUMIN	· · · · · · · · · · · · · · · · · · ·
20.	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY C	OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
	REMOVAL (Specify) 11-20-59 Trinity Cons	renta Cometer. State to make
-	FUNERAL DIRECTOR'S SIGNATURE ADDRESS	There is the search of the sea
		245. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE
5	tarley June val Home- Colonially	md. DATE NOV 23 '59 arithur S. Thama
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	U.S. STATE CHARGATE OF DEATH S. A. S.							
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PLACE OF DEATH o. COUNTY

b. CITY OR TOWN IIF and give nearest town)

d. NAME OF HOSPITA

10g. USUAL OCCUPATIO during most of wasking

5. WAS DECEASED EVE no, or unknown)

> 18. CAUSE OF DEAT PART I. DEAT

Conditions, if on gove rise to immed (a), stoting the u couse lost.

13. FATHER'S NAME

NAME OF DECEASED (Type or print)

5. SEX

CERTIFICATION

MEDICAL

ACTUAL

	NT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. 12275
Balting MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) o. STATE b. COUNTY Ballo
c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If guiside corporate limits, write RURAL and give nearest town)
LOR INSTITUTION (If not in popilal, give street address)	d. STREET ADDRESS  A112 Suefkue Sforeght IS RESIDENCE ON A FARM? YES NO
Clarence Fer	Last 4. DATE Month Day Year OF DEATH NOT 1959
6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8.  WIDOWED DIVORCED	DATE OF BIRTH  9. AGE In years foot birthday) 7 17 yrs.  IFUNDER YEAR IF UNDER 24 HRS. Months Days Hours Min.
N (Give kind of work done 10b. KIND OF BUSINESS OR INDUSAR (lije, even if retired)	11. BIRTHPLACE (State or foreign country)  12. CITIZEN OF WHAT COUNTRY?
? Levi	14. MOTHER'S MAIDEN NAME I hittington
R IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. 19 1/19 you, give war or dotes of service)	Tormant Moch Brown, 1112 Sufflier
H [Enter only one cause per line for (a), (b), and (c).] H WAS CAUSED BY: MMEDIATE CAUSE (a)	a Cardea failure intervalent production
y, which) (b) loan los (	Vascular diseas
ote couse DUE TO	

NO I 200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH. 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part It of item 18.) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (Stote) factory, street, office bldg., etc.) Not while O. m. of work of work p. m. 21. I certify that I took charge of the remains described above, held an Autopsy Inspection I and find that death resulted from: Natural causes [4]. Accident Suicide . Homicide Undetermined cause

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY

CHIEF MEDICAL EXAMINER SIGNATURE ASSISTANT MEDICAL EXAMINER EXAMINER'S NAME (Type) UT MEDICAL EXAMINER

22d. LOCATION (City, town, or county) (Stote)

PERFORMED?

DATE SIGNED

220. BURIAL CREMATION, 22b. DATE THEREOF BUT181 12-2-5 12-2-59 Arbutus Mem. Park ADDRESS 23. FUNERAL DIRECTOR'S SIGNATURE

240. REC'D BY REGISTRAR
DEC 1 '59 Frances A. Hemsley 578 W. Biddle Stoate

24b. REGISTRAR'S SIGNATURE Chilling & Krans

Balto. Co., Md.

VS. A15ME(5) SM 9/55

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12277

1231			Reg. C	Dist. No.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	re deceased lived. If institution: Reside ad b. COUNTY Pri	ence before admission) nce George's
b. CITY OR TOWN (If outside corporate limits, w RURAL and give nearest town) Catons ville	rite c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If our Hyattsville	tside corporate limits, write RURAL and	give nearest town)
d. NAME OF HOSPITAL (If not in hospital, give s OR INSTITUTION	street oddress)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
	HOSPI TAL	3509 Madis	on Place	YES NO
3. NAME OF First DECEASED (Type or print) Elma	Middle Basnight	Lupton	4. DATE Month OF DEATH	Day Yeor
	MARRIED NEVER MARRIED	B. DATE OF BIRTH	lost birthdoy) Months	Days Hours Min.
10o. USUAL OCCUPATION (Give kind of work done	DOWED DIVORCED DIVORD	Dec. 27, 18		ITIZEN OF WHAT COUNTRY
housewife				U. S. A.
13. FATHER'S NAME		14. MOTHER'S MAIDEN NA	ME	
15. WAS DECEASED EVER IN U. S. ARMED FORCES?	The cocini economy no 117	Unkn Informant		•
(Yes, no, or unknown) (If yes, give wor or dates of service)	)	ecords: SPRIN	Address G GROVE STATE 1	HOSPITAL
18. CAUSE OF DEATH [Enter only one couse   PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  Conditions, if ony, which gove rise to immediate cause (o), stoting the under- lying cause lost.  PART II. OTHER SIGNIFICANT CONDITION	Cerebrovase Generalized ONS CONTRIBUTING TO DEATH BUT	acterio.	o Cerosis  AL DISEASE CONDITION GIVEN IN PA	INTERVAL BETWEEN ONSET AND DEATH  22 Jan (Cary  NUMBLE  VENTAL  PERFORMED?
(IF EITHER, NOTIFY MEDICAL EXAMINER)	I DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Po		YES NO Z
Hour a.m.	Not while Not while for twork of two	ACE OF INJURY (Home, farm, ctory, street, affice bldg., etc.)	20f. (City or town)	(County) (State)
21. I certify that I attended the decadive on NOU II.,  ACTUAL SIGNATURE BRUNO R  PHYSICIAN'S BRUNO R	1959, and that death	occurred at 2.75 P AI M.D. SPRING GRO	.M., fram the causes and on poress (Street, city or lown, stole) VE STATE HOSPITA  le 28, Maryland	last saw the decease the date stated above DATE SIGNE
220. BURIAL, CREMATION, REMOVAL (Specify) Removal 11/12/59	22c. NAME OF CEMETERY O	R CREMATORY 2	2d. LOCATION (City, town, or county) Wash. D. C.	(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	Les Haaking	trail (P	BY REGISTRAR 24b. REGISTRAR'S SI	S. Kraus

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TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, pleas	cute the certifical riting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director.		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, creat	
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				STATE DEP					Additional for the Control of		Dist. No	122	78
	PLACE OF DEATH	MX Balt	imore	N	ARYLAND	2. USUAL RES		Where deced	sed lived. If institu				ission)
	o. CITY OR TOWN (II o and give negres) town	utide corporate limits, wr	te RURAL	c. LENGTH OF S	TAY IN 16	c. CITY OR	TOWN (II	100 000	porate limits, write	RURAL	nd give n	earest ta	wn)
ľ	d. NAME OF HOSPITAL	or institution akway Ro		spital, give street or	ddress)	d. STREET	1	0akwa	ay Rd.			ON	A FARM?
	NAME OF DECEASED (Type or print)	BERTU	ni JS	Middl		Loss MBERG		4. DATE OF DEATH	Mont Nov.20.		Day		fear 9
	Male	White	WIDOWE		CEO 🗆 A	pril 1	,190	_	9. AGE (In years lest birthday) 5+ yrs.	Months	R TYEAR Days	Hours	ER 24 HRS. Min.
100	usual occupation during most of working Beaman	N (Give kind of work life, even if retired)	done 10b. I	rind of Business rchant			land	or foreign	country)	12. CI	USA		COUNTRY?
13.	Roelof	Lymberg	3			14. MOTHER'S Unkn		NAME					
15. (Ye	WAS DECEASED EVER	R IN U. S. ARMED FO	(aprvice)	social security 13-03-0'		azel E	. Ly	mberg	Address g-14 Oak		Rđ.	Ti	moniu
	973,3 Conditions, if on gave rise to immedia (a), stoling the uncouse lost.	WAS CAUSED BY: MMEDIATE CAUSE (c  DUE TO  y, which ole couse derlying  DUE TO		2/60	ndi	Non	64,	ide	Porso	ning	y S	ET AND DE	den.
CERTIFICATION	PART II. OTHE  200. EXTERNAL CAUS PRIMARY OF CONT CAUSE OF DEATH.	R SIGNIFICANT CON		E HOW INJURY O						VEN IN PA			AUTOPSY DRMED? NO
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.		While	Not while of work	facto	CE OF INJURY (I	lome, form bldg., etc.	20f. (Cit	y or town)	(C	ounty)		(Stote)
	21. I certify the death resulted I	harles	causes [ FO'	Accident	Suid	M.D. CHIEF M	omicide	CAMINER CAL EXAMINER		cause [	].	DATE !	find that
	BURIAL CREMATION REMOVAL (Specify) Burial FUNERAL DIRECTOR'S	17/24/5	19	Dulaney ADDRESS					TION (City, town, nonium of N TRAR 246, REGI	lary.	land		0)
V	Vm Cook-T	owson, Ir	c. T	owson, Ma	aryla	nd	DATE	NOV 2	3 '59	arihu	1 8. 1	Traces	

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12302

## **CERTIFICATE OF DEATH**

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			vea	J. DISI. 140.
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Who o. STATE  Marvlan	ere deceased lived. If institution: Res b. COUNTY	sidence before admission)
b. CITY OR TOWN (If outside corporate limits, RURAL and give nearest town)	write c. LENGTH OF STAY IN 16	c. CITY OR TOWN (If o	utside corporote limits, write RURAL	and give nearest town)
Towson, Md.	6 days	Baltimore,	Maryland 3	V01-4
d. NAME OF HOSPITAL (If nat in haspital, give OR INSTITUTION	street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?
OR INSUITUTION TOWSON Convales	scent Home	3003 Cresn	nont Ave.	YES NO
3. NAME OF First (Type or print) Philip	M. Lynch	Last	4. DATE Month OF DEATH November	19, Day Year 19, 19, 59
Male White w	MARRIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH 11/18/1888	lost birthday) Mon	NDER 1 YEAR IF UNDER 24 HRS. ths Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work don during most of working life, even if retired)  Funeral Director	Funeral Directions	stry 11. BIRTHPLACE (Stole of the Cartin	or foreign country) 12	CITIZEN OF WHAT COUNTRY?
13. FATHER'S NAME James P. Lynch		Mary Gaie	AME	ALL ALL
15. WAS DECEASED EVER IN U. S. ARMED FORCES		NFORMANT	Address	(Same)
Yes, no, or unknown) Yes	213-10-7682	Mrs. Mary 0	Connor Lynch	- 3003 Cresm
18. CAUSE OF DEATH [Enter only one couse PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO	per line for (o), (b), and (c).]	prilat t	brain	INTERVAL BETWEEN TO ONSET AND DEATH
Conditions, if ony, which gove rise to immediate couse (a), stating the under-lying couse lost. (b)	ta of fine	W Ca	57.	Vie 115
PART 11. OTHER SIGNIFICANT CONDIT	IONS <u>CONTRIBUTING TO DEATH</u> BUT	NOT RELATED TO THE TERMI	nal disease condition given in	PART (a) 19. WAS AUTOPSY PERFORMED? YES NO
	b. DESCRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in P	ort I or Port II af item 18.)	
Hour o. m.		ACE OF INJURY (Hame, form, ctary, street, office bldg., etc.		(County) (State)
21. I certify that I attended the dealive an 15	eceased fram Dec 2	1 accurred at 7 251	M, fram the causes and an	I last saw the deceased
ACTUAL SIGNATURE C. M. M. A.	of Francel		ADDRESS (Street, city or town, stote)	DATE SIGNED
PHYSICIAN'S NAME (Type)	,		Dallina	1, m.
220. BURIAL, CREMATION, PREMOVAL (Specify) 11-23-5	22c. NAME OF CEMETERY O		22d. LOCATION (City, town, or cour Baltimore, Md.	
23. FUNERAL DIRECTOR'S SIGNATURE Henry W. Jenkins &	Incaddress 4905 Your Co. Balto.		D BY REGISTRAR 24b. REGISTRAR OV 2 3 '59	S SIGNATURE

filed with eral director, : After this certificate has been signed by the attending physicion and campletely filled in by the reched for use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shou NDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after Then please remave carban papers. the registrar priar ta burial, cremation, or remaval, and in any event within 72 hours after death poge 3 shauld be detached far use as the burial-transit permit. hospital or attending physician. TO HOSPITAL OR ATT TO FUNERAL DIREC VS A15 (4) 15M 9/SB

## CASE TO SECURE AND ASSESSED FOR THE MANUFACTURE STATE OF LOCATION 4 1 Tours of the common tour and the contract of t . Philip M. Lynch - control - control of philip M. Lynch To the state of th Continue of the property of the property of the second of mound . Deems ! deligation of the state of the and the second of the second second the second of the second seco The second roof to the second took in pour section A Commence of the Control of the Con

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MARYLAND	STATE DEPARTMENT	OF HEALTH—BALTIMORE,	18
12303	CERTIFICATE	OF DEATH	

## CERTIFICATE OF DEATH

aring S. Thous

Rea. Dist. No 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE ryland o. COUNTY b. COUNTY Baltimore Baltimore MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) TOWSON c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Rural Towson d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE or Institution Glenarm Road ON A FARM? Glenarm Road YES NO T 3. NAME OF Middle 4. DATE Month Yeor DECEASED Sister Mary Adeltrudis Manz November (Type or print) DEATH 19 22 6. COLOR OR RACE 7. MARRIED NEVER MARRIED W B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. S SEX ost birthdoy) Months May 12, 1874 Female White WIDOWED | DIVORCED [ yrs 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) U.S.A. REMINI Germany Housework 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Walburga Strobel George Manz S. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO. 17. INSORMANT Address Sister M. Peter Fourier Notch Cliff. Md. 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Pulmonary edema days IMMEDIATE CAUSE (o) DUE TO Hypertensive Cardio Renal Vascular Disease 10 yrs Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse lost. CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port 1 or Port 11 of item 18.) 20e. PLACE OF INJURY (Home, form, 20f. (City or town) 20c. TIME OF INJURY Month. Doy, Year 20d. INJURY OCCURRED (County) (Stote) foctory, street, office bldg., etc.) Hour o. m. Not while of work of work 21. I certify that I attended the deceased fram. June Nov. 1959, that I last saw the deceased and that death accurred at 9.40 P.M. from the causes and on the date stated above. ADDRESS (Street, city or town, stote) ACTUAL 7501 York Road Towson, 4, Md. SIGNATURE PHYSICIAN'S NAME (Type) Charles F. O'Donnell 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) NOTCH CLIFF NR TOWSON 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE CONKLING

DATE NOV 9

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A	may be retained the haspital or attending physician. O FUNERAL DIRE OR: After this certificate has been sig	page 3 shauld be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar priar to burial, crematian, or removal, and in any event within 72 hours after death.		
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TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours after death. Page 4	may be retained the haspital or attending physician.  TO FUNERAL DIRK OR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director.			

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	o. COUNTY Ba	ltimore		MAR	<b>CLAND</b>	2. USUAL RESII o. STATE		re deceased li	ved. If instituti b. COUNTY		before odmis imore	
	RURAL and give no	f outside corporate limits, parest town) Ltimore-Ru	-	LENGTH OF STAY	IN 1b	c. CITY OR 1			e limits, write R _Rural	URAL and giv	e nearest tow	n)
	d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospital, giv 7908 Spri	e street oddr ngway			1 7908	DDRESS	ngway			ON	SIDENCE A FARM? NO 1
3.	NAME OF DECEASED (Type or print)	HENRY		OLIVE!		MARTE:		4. DATE OF DEATH N	ov. 21	,1959	Doy	Yeor 19
5.	Male	White	MARRIED			June 2		9.	AGE (In years lost birthday) 75 yrs.		YEAR IF UND	ER 24 HRS: Min.
1	during most of work lechanic	DN (Give kind of work do king life, even if retired)		of Business of tomobi		New 1	Hamps	hire	itry)		SA	COUNTRY
13.	Josei Josei	h Martel				Virg:		Marco	u			
	WAS DECEASED EVE	R IN U. S. ARMED FORCE (If yes, give war or dates of serv		1AL SECURITY NO 2-03-36		osephii	ne H.	Mart	el-790		ingwa	y Rd.
		mmediate ( DUE TO	CE	REBA	RAL				ERO	5/5	10 Yr	
CERTIFICATION		S UNDERLYING DEATH		TRIBUTING TO DE						EN IN PART 1	PERFC	AUTOPSY DRMED?
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	21. I certify the alive on	attended the control of the control	deceased 1 12-19 0-14 0-14 0-14		death	19:19 accurred at.			/		date state	
220	REMOVAL (Specify)	N, 226. DATE THEREOF		e. NAME OF CEM Hanover					N (City, town, over-Ne		(Sien	
_	funeral director	s signature owson, I,c	0.00	ADDRESS	15		24a. REC'D	BY REGISTRA OV 2 3 '59	R 24b. REGIS	STRAR'S SIGN	ATURE	

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 THE REAL PROPERTY. Land Street Control of Street Printers (Control of Street ACRES AND ACTIVE AND RESIDEN

**CERTIFICATE OF DEATH** 12305 PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY/ MARYLAND b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 RURAL and give negrest town) d. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION NAME OF Middle DATE (Type or print) DEATH OR RACE 7. MARRIED T NEVER MARRIED 9. AGE (In years lost bighdoy) WIDOWED | DIVORCED | YES. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if petired) 13. FATHER'S NAME ARN 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (If yes, give war or dates of service) CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o). **DUE TO** Arterioscleratic C.V.D. Conditions, if any, which gove rise to immediate DUE TO couse (o), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Port II of item 1B.) 20c. TIME OF INJURY Month, 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) Day, Year 20d. INJURY OCCURRED Hour a. fi. foctory, street, office bldg., etc.) While Not while at work ot work 21. I certify that I attended the deceased fram, and that death occurred at 1.3 A.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state) ACTUAL P FUNERAL RACUSIN 130 Its. NAME (Type) 3 22a. BURIAL, CREMATION, 22b, DATE THEREOF 22c. NAME OF CEMETERY OR GREMATORY 22d, LOCATION (City, town, or county) abod REMOVAL (Specify) 0 2 23. FUNERAL DIRECTOR'S SIGNATURE 24a, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) 15M 9/55 DATE OV 1 0 '59 Circling Posteries

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12282 Reg. Dist. No. e. IS RESIDENCE ON A FARM? YES NO Day Year 19 IF UNDER 1 YEAR IF UNDER 24 HRS Doys Hours Min. 12. CITIZEN OF WHAT COUNTRY? INTERVAL BETWEEN ONSET AND DEATH Min ulas PERFORMED? YES NO P (County) (Stote) \_\_\_\_that I last saw the deceased DATE SIGNED (Stote)

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**CERTIFICATE OF DEATH** 

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	1230	0	CLKIIII	CAIL OI DLAII		Reg. D	ist. No.		
PLACE OF DEATI     O. COUNTY	Baltimor	e	MARYLAN	2. USUAL RESIDENCE (WAS O. STATE		If institution: Reside c. COUNTY Bal	nce before admi		
RURAL ond give	N (If outside corporate lime nearest town) Pikesville	nits, write c.	LENGTH OF STAY IN 1	c. CITY OR TOWN (IF o		nits, write RURAL ond	give nearest to	wn)	
	SPITAL (If not in hospitot,	give street odd	ress)	d. STREET ADDRESS			ON	ESIDENCE A FARM?	
3. NAME OF DECEASED (Type or print)	Kenneth	rst	Middle Donald	McAllister	4. DATE OF	Month	Day	Year	
S. SEX		7. MARRIED	NEVER MARRIED		9. AG	E (In years   IF UNDE	R 1 YEAR IF UN		
Male	White	WIDOWED [		3	La La	birthdoy) Months	Days Hours	Min.	
0a. USUAL OCCUP during most of	ATION (Give kind of work working life, even if retired	d)		DUSTRY 11. BIRTHPLACE (Stote	or foreign country)	12.CI	TIZEN OF WHAT	COUNTRY	
Superv		Wes	tinghouse		4400000	. U	. B. A.		
3. FATHER'S NAME				14. MOTHER'S MAIDEN I	NAME				
David	Claire Mc.	Allist	er						
S. WAS DECEASED	EVER IN U. S. ARMED FO		CIAL SECURITY NO.	INFORMANT		Address Ba	ltimor	e 7.1	
NO	None		-05-9592	Mrs. Helen M	I. MCATT		On Art	/	
18. CAUSE OF	DEATH [Enter only one c	ouse per line fo	or (o), (b), and (c).]	E , L L L L L L L L L L L L L L L L L L			INTERVAL I		
PART I.	DEATH WAS CAUSED BY: IMMEDIATE CAUSE (	a P	waren a	tery occlu	in		2	has	
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lying couse le	ing the under-								
		c)	TRIBUTING TO DEATH	BUT NOT RELATED TO THE TERM	INAL DISEASE CON	DITION GIVEN IN PA	RT 1(o) 19, WAS	S AUTOPSY	
SIL SIL	16-1 T	1-			-linear		PERF	FORMED?	
20- ACCIDENT	WAS UNDERLYING []	TOOL DESCRIE		RRED. (Enter noture of injury in			I IES [	_ NO [	
OR CONTRIBUT	TIPY MEDICAL EXAMINER)	200. DESCRIE	E HOW INJURY OCCU	KKED. (Enter holore of injury in	1011101101111011	nem ro.)			
ZOc. TIME OF IN Hour o. p.		ear 20d. INJU	RY OCCURRED 20e	PLACE OF INJURY (Home, form		vn)	(County)	(Stote	
Hour o.	m. m. 19	While of work	Not while of work	foctory, street, office bldg., etc	:-)				
		_		2 - 1051.	V- 14	1056			
	that I attended the	e deceased				, 19-5 that I I			
alive an		, 19.3.7	, and that de	ath accurred at 7/					
ACTUAL	ACTUAL AC								
SIGNATURE	Lown)	wiene	au S	_M.D. 7/3 /4	gend 1	wo Rd	1 ups	3nl	
PHYSICIAN'S NAME (Type)	Louis	DALI	WAL HI	)			9/	14/5	
220. BURIAL, CREMA REMOVAL (Spe		OF 2	c. NAME OF CEMETER	Y OR CREMATORY	22d. LOCATION (	City, town, or county)	(St	tote)	
reamati	- 7	1959	Loudon P	ark Commtory	Balti				
23. FUNERAL DIREC	TOR'S SIGNATURE	1	ADDRESS	/// 2/1 Po. REC"	D BY REGISTRAR	24b. REGISTRAR'S S			
Lum	P 94 110	will	Wiklow	18 8 MADATE	NOV 1 8 '59	Chillen	S. Frank		

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# or. Poge our files. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessariate, writing the word "pending" in pendil in Item, 18. Give Pogas 1, 2, and 3 ta the funeral of 4 should be for ded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Boars or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

12284

MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No.

	ACE OF DEATH	BALTIMO	RE	MARYLA	AND	2. USUAL RESIDENCE (V		lived. If institution:	~ \	ore admission)
b.	and dive usacest town	outside corporate fimits, write	RURAL	c. LENGTH OF STAY IN	16	c. CITY OR TOWN (IF		rote limits, write RUR.		
d.			· ·	PCAD		d. STREET ADDRESS	WNSI	rip Ro	AD	e. IS RESIDENCE ON A FARM? YES NO
DI	AME OF CEASED (pe ar print)	JOH		Middle	40	LOST	4. DATE OF DEATH	Month Nov.	Doy 1 2	Yeor 19 5 9
5. SE	MALE	6. COLOR OF RACE	7. MARRIED		8.	DEC. 16,1	909 2.	Book Schools do 3	INDER TYEAR	F UNDER 24 HRS. Hours Min.
10a. du	USUAL OCCUPATION TING MOST of Working	ON (Give kind of work of life, even if retired)  EMDLOYE	one 10b. KI	ND OF BUSINESS OR IN	DUSTR	11. BIRTHPLACE (Stole	or foreign cou	ntry)	2. CITIZEN OF	WHAT COUNTRY?
13. F	ATHER'S NAME	ARd				14. MOTHER'S MAIDEN N		ZMAURI	CE	
		ER IN U. S. ARMED FOI If yes, give war or dates of		OCIAL SECURITY NO.	17. IN	FORMANT ARY MC	CAFFO	Address REV 46	Town	ISHID RO
	PART I. DEAT	liate cause	11	or (0), (b), and (c).]  NON MY  -S-C-V		Disens.	on e			AL BETWEEN AND DEATH
ex P	PART II, OTH  Og. EXTERNAL CAU RIMARY [] or CON AUSE OF DEATH.	ER SIGNIFICANT CONI				OT RELATED TO THE TERMI			7	WAS AUTOPSY PERFORMED? ES NO
MEDICAL	Oc. TIME OF INJUR Hour g. m. p. m.	19	White at war	k ot work	factor	E OF INJURY [Home, form ry, street, office bldg., etc.	}		(County)	(Stote)
		at I toak charge resulted fram: N		_ /	-	e, held an Autops;  ], Suicide [], H	y [_], Ins <sub>I</sub> Hamicide [		nquiry (2), ned manner	and in my
1	ACTUAL SIGNATURE EXAMINER'S NAME (Type)	M. B. I	DAV	us m.	)	M.D. CHIEF MEDICAL EX ASSISTANT MEDICA DEPUTY MEDICAL E	AL EXAMINER [		11/12	DATE SIGNED
	BURIAL, CREMATIO REMOVAL (Specify)	N. 226. DATE THEREO	159	NEW CA	TH		22d. LOCATIO	BALTU,	unty)	(Stote)
23. FI	INERAL DIRECTOR	S SIGNATURE ZELER	TNC	ADDRESS 403 S. V	Vol	Cart .	D BY REGISTRA		S SIGNATURE	

VS. A15ME 5M 2/57

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item of information carefully.

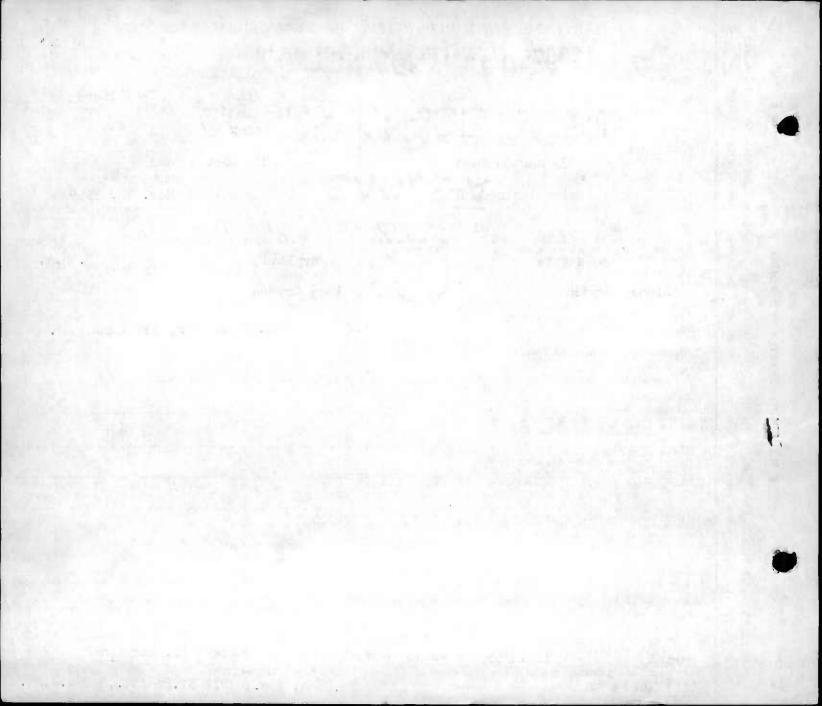
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### 12285 MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12307 CERTIFICATE OF DEATH

Reg. Dist. No.

1. PLACE OF DEATH:	2. USUAL RESIDENCE (HOME) OF DECEASED:
COUNTY Baltimore MARYLAND	STATE Maryland COUNTY Baltimore
CITY (If outside corporate limits, write RURAL) LENGTH OF STAY	CITY(If outside corporate limits, write RURAL and give nearest town)
OR and give nearest town) (in this place) TOWN ESSEX	54 TOWN Essex
HOSPITAL OR	STREET (If rural give location)
STREET ADDRESS 339 Worton Road	339 Worton Road
3. NAME OF (First) (Middle)	(Last) 4. DATE (Month) (Day) (Year)
(Type or Print) Daisy Ida McCann	OF DEATH: Nov. 12, 1959 19
5. SEX: 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE WIDOWED, DIVORCED.	5/1885  9. AGE last birthday    PUNDER 1 YEAR   PUNDER 24 HRS.
10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife	11. BIRTHPLACE (State or foreign country): 12. CITIZEN OF WHAT COUNTRY?  Maryland  U. S.A.
13. FATHER'S NAME:	14. MOTHER'S MAIDEN NAME:
Sidney Dryden	Mary Dryden
15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO.	17. INFORMANT & ADDRESS:
(Yes, no, or unk.) (If Yes, give war or dates of service)	rs. Mary McC. Messenger, 339 Worton Rd.
18. MEDICAL CERTIFICAT	TION INTERVAL BETWEEN
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH	ONSET AND DEATH
420,1	ARANARY OCCUUSION IDAY
IMMEDIATE CAUSE (A)	ON WINE CELEBRIAN STATE
ANTECEDENT CAUSE (S)	SCLEROTIC CARDIO-VASC. DISEASE 10 YRS
DISEASES OR CONDITIONS, IF ANY.  GIVING RISE TO THE ABOVE CAUSE  DIE TO	DELERUTIC CARDIO-VASC. DISEASE 10 YRS
STATING UNDERLYING CAUSE LAST.	
(C)	
II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	
DISEASE OR CONDITION CAUSING DEATH.	
19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATIO	N 20. AUTOPSY? YES NO
21A. ACCIDENT WAS UNDERLYING 21B. PLACE (Home, farm, faction on contributing 21B. PLACE (Home, farm, faction of injury street, office bldg.)	etory, 21c. WHERE DID (City or town) (County) (State)
21D. TIME (Month) (Day) (Year) (Hour) 21E INJURY OCCURRED While Not while at work at work	D   21F. HOW DID INJURY OCCUR?
29 I harshy cortify that I attended the deceased from M.	, 1957, to Nov. 12, 1959, that I last saw the deceased
alive on Nov. 12, 1959, and that death occurred at	
SIGNATURE	ADDRESS DATE SIGNED
Cours Sement 1	ERY OR CREMATORY   LOCATION (City, town, or county) (State)
23. BURIAL. CREMATION. DATE THEREOF NAME OF CEMET REMOVAL (SPECIFY) Burial 11/14/59 Wesley Cha	
DATE REC'D BY LOCAL   REGISTRAR'S SIGNATURE	1 24 FUNERAL DIRECTOR ADDRESS
REGISTRAPOV 1 6 '59 Cirilwa 8. Kraus	Wm.Cook, Inc., 1217 St. PaulSt., Balt o. 2, Md.



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2000	director,	led with	
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*	tely filled	Pages 1	
	cample	papers.	eath.
	an and	carban	ofter death.

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MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12286

arthur S. Kraus

12308 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution Residence before admission) o. COUNTY b. COUNTY MARYLAND Baltimore Marvland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) Frostburg Towson-4-Md d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? Stella Maris Hospice 204 E. Main Street YES NO 3. NAME OF First Middle 4. DATE Month Day Yeor DECEASED Elizabeth McHugh Mary 59 (Type or print) DEATH 17 6 10 5. SEX 9. AGE (In years last birthday) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS Months Doys Hours White DIVORCED [ Female WIDOWED 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewife Pennsylvania U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Christopher Donegan Mary Fitzgerald 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO 17. INFORMANT Address None CAUSE OF DEATH [Enter only one couse per ling to (o), (b), and (c).] INTERVAL BETWEEN OMSET AND DEATH PART 1. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Teriosclemis DUE TO Conditions, if ony, which gove rise to immediate DUF TO couse (o), stoting the underlying couse last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. CERTIFICATION PERFORMED? YES NO 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY Month. 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Day. Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) a. m While Not while of work of work n. m 21. I certify that I attended the deceased from 2, that I last saw the deceased and that death accurred at 3 M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) ACTUAL SIGNATURE PHYSICIAN'S Charles F. O'Donnell- M.D. NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY (Stote) REMOVAL (Specify) New burial 23. FUNERAL DIRECTOR'S SIGNATURE 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE Hartord Ka

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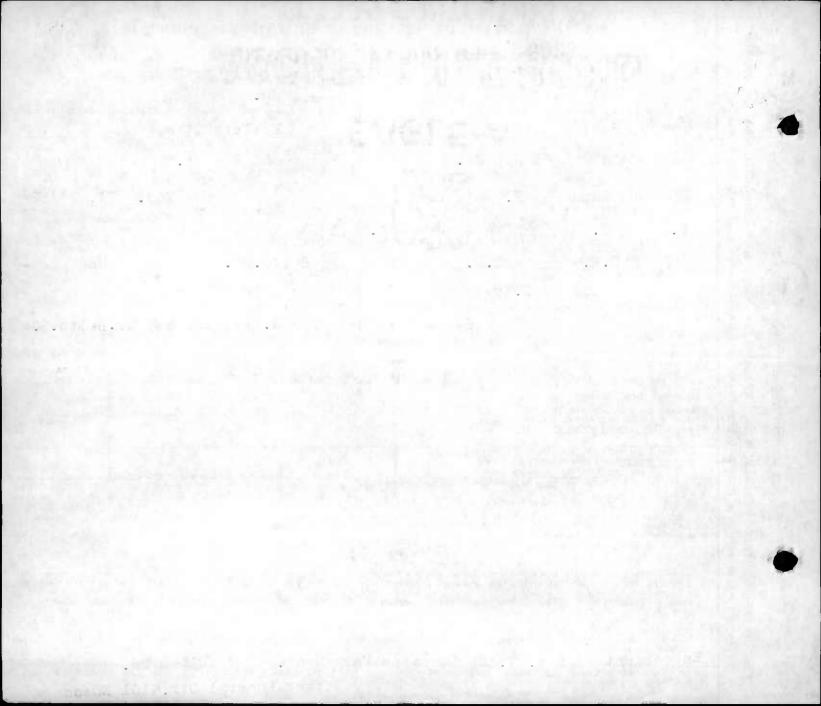
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步	y. The	maryland state department 12309 CERTIFICATE		12287 No.
M	tion carefully and legibly.	1. PLACE OF DEATH:  COUNTY Baltimore MARYLAND  CITY (If outside corporate limits, write RURAL OR and give nearest town) TOWN BOWLEYS Qtrs 7 yrs	2. USUAL RESIDENCE (HOME) OF DECEASED  STATE Md. COUNTY  CITY(If outside corporate limits, write RURAL at 10 or 10	Himmel
		HOSPITAL OR INSTITUTION OR STREET ADDRESS 255 Bay Br.	/ STREET (If rural give location) 255 Bay Dr.	
	m of informa death clearly	DECEASED: (Type or Print) Edna F. Meil  5. SEX:   6. COLOR OR   7. SINGLE, MARRIED,   8. DATE	OF	(Year) 4, 1959
FOR BINDING	INK. Supply every item se write the causes of de	RACE: WIDOWED, DIVORCED, (Specify): arried Aug. 1  10A. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): H. W.  13. FATHER'S NAME:  JOSEPH C.FOWLET  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)  19. WIDOWED, DIVORCED, (Specify): arried Aug. 1  10B. KIND OF BUSINESS OR INDUSTRY:  0. H.  15. WAS DECEASED EVER IN U.S. ARMED FORCES! (Yes, no, or unk.) (If Yes, give war or dates of service)	0.1893 66 yrs. Months Do	Hours   Min.  CITIZEN OF WHAT  COUNTRY?  USA
MARGIN RESERVED F	ITH UNFADING Physicians: plea	18. MEDICAL CERTIFICATI		INTERVAL BETWEEN ONSET AND DEATH
MAR	AINLY, Wimportant.	II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.  19A. DATE OF OPERATION: 19B. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?
•	WRITE PL especially			y (State)
A15 — 10 - 53	PLEASE TYPE OR correct age is	22. I hereby certify that I attended the deceased from Nov.  alive on Nov. 24 19.57, and that death occurred at SIGNATURE  M. M	D. 2108 Dems Pd. Balto 20 Md.  RY OR CREMATORY   LOCATION (City, town, or	etated above.

Entombment Nov. 27. /59 Lorraine Park Cemt. Woodlawn Md. DATE REC'D BY LOCAL REGISTRATY 2 7 '59

ADDRESS Witzke Funeral Dir.4101 Edmonpson

worms & Thomas



Maryland

b. CITY OR TOWN (If autside carporate limits, write | c. LENGTH OF STAY IN 1b | c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)

MARYLAND

12200

Baltimore

Baltimore

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

b. COUNTY

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	r	1	
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3			

1. PLACE OF DEATH

in by the funeral director, and 2 should be filed with ond campletely filled con popers. Pages 1

requires that the death certificate be executed within 24 hours may be retained the haspital or attending physician.

TO FUNERAL DIRE OR: After this certificate has been signed by page 3 should be detached for use as the burial-transit permit. VS A15 (4) 1SM 9/S5

	Dunda Dunda					53	Dundal	k				
(	OR INSTITUTION	TAL (If not in hospital, g				d. STI	REET ADDRESS					FARM?
		3018 Dunl	eer l	load			3018 D	unleer	Road		YES [	NO)[
-	NAME OF DECEASED Type or print)	OSCAR	al	EA	Middle RL	MERED	Lost ETH	4. DATE OF DEATH	Mon Novem	mber 17,		Year 19 59
5. S	EX	6. COLOR OR RACE	7. MARR	IED NEV	ER MARRIED				AGE (In years	Manths Day		_
	Male	White	WIDOWE		DIVORCED [		11 18, 1		last birthday) 65 yrs.	Manths Day	s Haurs	Min.
10a	during most of wor	ON (Give kind of work king life, even if retired	done 10b.	KIND OF BU	ISINESS OR IN	DUSTRY 11. B	RTHPLACE (Stole	or fareign co	untry)	12. CITIZEN	OF WHAT	COUNT
	tati nary			U.S. (	Govt.		Marylan	d		U.S	A	
13.	FATHER'S NAME	_ 141				14. MO1	HER'S MAIDEN	NAME				
		es E. ered					? Mere	dith				
S. (Yes	, no or unknown) ;	R IN U. S. ARMED FOR	CES? 16.	SOCIAL SEC	URITY NO. 1	7. INFORMAN			Add	ress		
	No.					Mrs. A	ladeline	Mered:	ith 3018	Dunlee:	r Road	1.
		ATH [Enter anly one co	use per in	ne far (a), (b	), and (c).]	6	4	1		11	NET AND	TWEEN
	PART I. DEA	TH WAS CAUSED BY:	1 10	RON	ARY	Occi	LUSION				5 m	IN
	420.1	DUE TO		,0	1			.0				
	Conditions, if o		1 7	-S-C	- U-	NIO	leal	+56	Mura	4	-	
	gove rise to i couse (a), stating		E		1 -				/	7	SMI	-0 -
	lying cause last.	) (c	1 -	mpi	45es	ma						
CATION	PART II. OTI	HER SIGNIFICANT CON	DITIONS C	ONTRBUTIN	TO DEATH	BUT NOT RELAT	ED TO THE TERM	NAL DISEASE	CONDITION GIV	EN IN PART 1(0	19. WAS	AUTOPS
3					1	A 3.0					YES 🗌	
RTIF	20a. ACCIDENT W.	AS UNDERLYING	20b. DESC	RIBE HOW	INJURY OCCU	RRED. (Enter no	ture of injury in	Part I ar Part	11 of item 18.)			
L CERT	(IF EITHER, NOTIFY	MEDICAL EXAMINER)		/	1/1							
WEDICAL	20c. TIME OF INJUI	Y Manth, Day, Ye		NJURY OCCL		PLACE OF IN	URY (Home, farm, affice bldg., etc	, 20f. (City	ar tawn)	(Caun	(y)	(State
MEC	p. m.	19	While at work	Not wh		,,	, arrice biog., erc					
H	21. I certify th	nat I attended the	decease	ed fram 1	PhriL-		54 10 N	OV. 1	1950	1.that I last	saw the	decen
X,	alive an NA	N. 6	19	1 01	11-	ath accurre	dat Ints	PM from	the causes of	7		
- 1	5	0 0		/,		/			et, city or lawn,			ATE SIG
	ACTUAL SIGNATURE	nia A	-an	V2		MD /	800	MOR	NINGT	on los	2	
		05		Α	1					Kadina (Katia)	11	,
	PHYSICIAN'S NAME (Type)	M-12. 0	AVI	5 M	0		DUNdi	7-HC-	-アアー.	ma	11%	20/1
22a	BURIAL, CREMATIC	N, 226. DATE THEREC	)F	22c. NAMI	OF CEMETER	Y OR CREMATO	ORY	22d. LOCATI	ON (City, tawn, o	or county)	(State	e)
	REMOVAL (Specify)	11/23/59		Mead	low Rid	ge		Dors				
	FUNERAL DIRECTOR			ADDRE	SS		240. REC'	D BY REGISTR		TRAR'S SIGNAT	URE	343.0
U	llrich Fu	neral Home	2112	Dunda	lk Ave		DATEMO	V 2 7 '59	0	lung & Ka	*	

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 19910

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1. PLACE OF DEATH a. COUNTY	Baltimore		MAR	RYLAND	2. US	VAL RESIDEN	ryla			If institution			Geor	./
b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest tawn)					c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown)									
Cations			12 days		E	rentwo	bod			/	63	4.	2	
d. NAME OF HOSP	ITAL (If not in haspitol,	give street			d.	STREET ADD	RESS						e. 15 RE	SIDENCE
OR INSTITUTION SPRING	GROVE ST	ATE	HOSPITAL			4103 -	- h1	st St	reet					A FARM?
3. NAME OF	Fic		Midd	le		Lost		4. DATE		Mon	th	Do		Year
(Type ar print)	Jose	enh	Mai	rio	7	lessing		OF DEATH		Nove	mber		.0	19 59
5. SEX			RIED NEVER MARI			OF BIRTH	-		9. AGE	(In years birthdoy)				ER 24 HRS.
male	white	WIDOW			Ju	ly 8.	188	5	74	birthdoy)	Months	Days	Hours	Min,
100. USUAL OCCUPAT	ION (Give kind of work	done 10b.	KIND OF BUSINESS	OR INDUS		V				-	12. CI	TIZEN C	OF WHA	T COUNTRY?
Stone Ci	orking life, even if retired	)	Marble			I1	taly				U.	S.	A.	
13. FATHER'S NAME					14. A	NOTHER'S MA		AME			1			
Salvato	re Messir	18				Rose								
15. WAS DECEASED EV	ER IN U. S. ARMED FOR	CES? 16.	SOCIAL SECURITY N	IO. 17. II	NFORM					Addr	ess			
NO NO	(If yes, give wor or dates of t	service!	27-09-44	V1	ecor	ds.	SPRII	NG G	ROVE	STA	नगर ।	HOSE	ITAI	
	ATH [Enter only one co	IV.	ne for (a) (b) and (c		~~~	. C	JL 16.	NG G	ICOV E	OIA	د فایل	-		ETWEEN
			ongestive		+ fo	iluna						ON	SET AND	DEATH
2214	IMMEDIATE CAUSED BY:		ouges or ve	near (	U I EL	TIME						-		
33/7	DUE TO		h 7 ***			a ai dan	1							
Canditians, if	immediate (	)]	erebral va	Scula	ar a	ccraen	lt							
couse (o), stating	the under- DUE TO	)												
lying cause lost	- ''													
PART II. O	THER SIGNIFICANT CON	200		SEVIH ROI	NOI KE	LAIED TO TH	IE TERMII	NAL DISEA	SE COND	HION GIV	EN IN PAI	RT 1(a)	PERF	ORMED?
			Senility							101			YES K	] NO [
OR CONTRIBUTION	VAS UNDERLYING [] G [] CAUSE OF DEATH Y MEDICAL EXAMINER)	206. DES	CRIBE HOW INJURY	OCCURRED	D. (Enter	noture of in	iury in P	ort I or Po	rf II of ite	em 18.)				
20c. TIME OF INJU Hour a.m. p. m.	10	While	NJURY OCCURRED Not while t of work	20e. PL/ foc	ACE OF	INJURY (Hon eet, office bl	ne, form, dg., etc.	20f. (Cit	y or town	1)		(County)		(Stote)
	hot I attended the	deceas	ed fram Oct	t, 25 at death	occui	19 <u>59</u> , 1 red of <u>1</u> (	0:20	OV. 1 M, fro	m the d	causes a	nd an I	last so	ite stat	ATE SIGNED
SIGNATURE	spella W	ach	ur		M.D	SPRIN	IG (	GROVE	ST	ATE	HOSP:	ITAL	, 11	-10-59
PHYSICIAN'S NAME (Type)	Stella Wa						nsvi	lle 2						
Bremoval (Specify	11/1/	159	To San	METERY OF	R CREM	En C	Com	22d. LOCA	o e	ity, town, o	or county)	ra	(Sto	192
23. FUNERAL DIRECTO	R'S SIGNATURE	07	ADDRESS 7	n+ 1	Ra	24	o. REC'E	BY REGIS	TRAR	24b. REGIS	TRAR'S SI	IGNATU	RE	

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may be retained the haspital ar attending physician.

TO FUNERAL DIRE R: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon-papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar remaval, and in any event within 72 hours/after death. ITENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs at TO HOSPITAL OR

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Reg. Dist. No. 12291

	o. COUNTY  BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Where do o. STATE MARYT.AN	b. COUNTY  Howard				
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  FORT HOWARD  11 DAYS		c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  MARRTOTTSVTLLE					
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION VETERANS ADMINISTRATION H	address)	d. STREET ADDRESS WARDS CHAPET.	e. IS RESIDENCE ON A FARM?				
	NAME OF DECEASED (Type or print) Served as: EDWIN	Middle		ATE Month Day Year FEATH NOVEMBER 27, 1959				
		RIED NEVER MARRIED DIVORCED DIVORCED	8. DATE OF BIRTH MARCH 19, 1887	9. AGE (In years lost birthdoy) 72 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.				
	0a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  PAINTER	Painting	STRY 11. BIRTHPLACE (Stote or for MARYLAND	eign country) 12. CITIZEN OF WHAT COUNTRY				
	3. FATHER'S NAME  AUGUST MIELKE		14. MOTHER'S MAIDEN NAME BERTHA CHALK					
+	5. WAS DECEASED EVER IN U. S. ARMED FORCES? (Nas. no, or unknown)  (If yes, give wor or dates of service)  (If yes, give wor or dates of service)		NFORMANT IN REC VAH BAL	Address TO MD FT HOWARD DIVISION				
	Conditions, if ony, which gove rise to immediate couse (a), stating the under lying couse lost.  DUE TO Please of the property	NCREATIC, PERI ADRENAIS	CARCINOMA TO PER AORTIC LYMPH NOD JAUNDICE	ONSET AND DEATH UNKNOWN  PIGASTRIC, PERI - 3 yrs  DES, LIVER, LUNGS  DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?				
	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		D. (Enter noture of injury in Port I	YES NO				
	Hour o. m. While	t-	ACE OF INJURY (Home, form, 201 ctory, street, office bldg., etc.)	. (City or town) (County) (State				
,		ond that death	occurred at 3:36 pM, f	toer 27, 1959, that Class we have decreased rom the couses and on the date stated above parts signed Md., Ft. Howard Div. 11/28/5				
	226. BURIAL, CREMATION, P. 226. DATE THEREOF, REMOVAL (Specify) 11-30-59	22c. NAME OF CEMETERY O	CEMETERY CE	LOCATION (City, town, or county)  REAGERSTOWN FREDERICK CO., MD. REGISTRAR 24b. REGISTRAR'S SIGNATURE				
	WEER & HAIGHT, Sykesville	ADDRESS Maryland	24a, REC'D BY I	159 Orthur S. Knows				

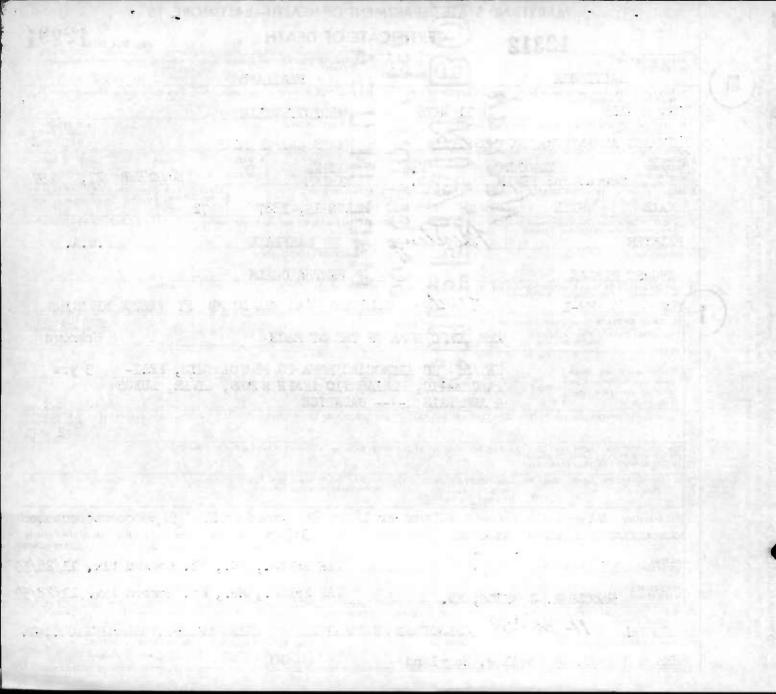
e hospital or attending physician.

• After this certificate hos been signed by the attending physicion and completely filled in by the funeral director, or. Then places carbon papers. Pages I and 2 shauld be filed with ath. Poge 4 page 3 shauld be detached far use os the burial-transit permit. Then please remove carban papers. the registror prior to buriol, cremation, ar remaval, and in any event within 72 haurs after death.

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NDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs aft may be retoined to TO FUNERAL DIRECT TO HOSPITAL OR

VS A15 (4) 15M 9/58



FOR STATE TO DEPUTY M. CAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay indecessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLANDUS Division of STATISTICAL RESEARCH MEDICAL EXAMINER'S CERTIFICATE OF DEATH

•	I. PLACE OF DEATH  o. COUNTY	2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission)  a. STATE b. COUNTY
1	Baltimore Maryland	Maryland Baltimore
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give neerest town)  Sunnybrook	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)  Sunnybrook
(	d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	d. STREET ADDRESS  o. IS RESIDENCE ON A FARM? YES NO
	3. NAME OF First Middle DECEASED (Type or print) DACINET	Last 4. DATE Month Dey Yeer OF DEATH Norrowhere 2 10 50
	RECHEL.	MILLIAR November 3, 1959
	S. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8  Female   Colored   WIDOWED   DIVORCED	9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.   lest birthdey)   Months   Deys   Hours   Min.
	1De. USUAL OCCUPATION (Give kind of work done during most of working life, even if relired)	11. BIRTHPLACE (State or foreign country)   12. CITIZEN OF WHAT COUNTRY?
1	13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
	de War penedere even even bulle, abuen des sees	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. 1 (Yes, no, or unkown)   (If yasgive wer or dates of service)	INFORMANT Address
	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART I. DEATH WAS CAUSED BY,  IMMEDIATE CAUSE (a) Arteriosclerotic cause (b)	ardiovascular disease
	Conditions, if any, which geve rise to immediate cause (a), steting the underlying cause last.  DUE TO  (b)  DUE TO  (c)	
0		DT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?  YES NO T
		Enter natura of Injury In Pert I or Part II of item 18.)
		ACE OF INJURY (Home, farm, 20f. (City or town) (County) (State)
	21. I certify that I took charge of the remains described above, he death resulted from: , Natural causes . Accident . Suicident . Suicident .	
	Medical reasons factorial for succession for succes	CHIEF MEDICAL EXAMINER
5	SIGNATURE WWW Uforth	M.D. ASSISTANT MEDICAL EXAMINER X
1	EXAMINER'S NAME (Type) William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER   Address (Street, city, town, or county)
		d. Salva Palling, Wel.
	23. FUNERAL DIRECTOR ADDRESS	248. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
		DATDEC 1 '59 arthur & through

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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

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IFICATE OF DEATH	IFIC	ATE	OF	DEATH	
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	32314	CERTIF	CAI	LOID	EAIN			Reg. D	ist. No		
1. PLACE OF DEATH COUNTY Baltin	nore	MARYLA		A STATE	ence (who	-	lived. If institut b. COUNTY			imor	
b. CITY OR TOWN (If outsid RURAL and give nearest to Rodges	own)	c. LENGTH OF STAY IN	)	. 1.0			ote limits, write Rodgers			arest town	1)
d. NAME OF HOSPITAL IIF		oddress) Oad		d. STREET AD	DRESS	kirk					IDENCE FARM? NO (A)
3. NAME OF DECEASED (Type or print)	RICHARD	ARTHUR		MOORE		4. DATE OF DEATH	lov. 19	,195	19	-,	Yeor 19
Male V	White wipowi		o Ja		,190	5	9. AGE (In years lost birthdoy) 54 yrs	Months	R I YEAR Doys	Hours Hours	R 24 HRS. Min.
100. USUAL OCCUPATION (Given during most of working life Stationary I		kind of Business or as & Elect	INDUSTRY	Virg	ce (Sione d inia	or foreign co	untry)	12. C	US		COUNTRY
13. FATHER'S NAME Martz Al	rnold Moore	ė	1	MOTHER'S A		e Car	lton				
15. WAS DECEASED EVER IN U.  Yes, no. or unknown) (If yes, gi	S. ARMED FORCES? 16.	SOCIAL SECURITY NO.	17. INFO		Моо	re-44	Dunki	rk R	d-B	alto	.12
18. CAUSE OF DEATH [E. PART I. DEATH WA IMME!  Conditions, if ony, wh gove rise to immedicouse (o), stoting the unstying couse lost.	S CAUSED BY: DIATE CAUSE (o)  DUE TO  sich ole DUE TO  DUE TO	e for (o), (b), and (c).]	77	B	g.	nuti	hos	*		ERVAL BE SET AND	
PART II. OTHER SIG	NIFICANT CONDITIONS C	ONTRIBUTING TO DEATH						VEN IN PA	RT 1(o)	PERFO	AUTOPSY PRMED? NO
20c. ACCIDENT WAS UND OR CONTRIBUTING CAI (IF EITHER, NOTIFY MEDIC.) 20c. TIME OF INJURY Mon Hour o. m.		NJURY OCCURRED 20	De. PLACE	OF INJURY (Ho, street, office I	ome, farm,	20f. (City			(County)		(Stote)
21. I certify that I calive an Actual SIGNATURE PHYSICIAN'S NAME (Type)	Eur		eath acc	curred of	1.101		the causes eet, city or town	and an		te state	deceased ad above ATE SIGNED
220. BURIAL, CREMATION, 22th	DV.23,1959	22c. NAME OF CEMETE Moreland	Mem.	-/-			on (City, town,			d (Stote	e)
23. FUNERAL DIRECTOR'S SIGN WM COOK-TOWS	Son, Inc. T	ADDRESS Owson. Md.			240. REC'D	OV 2 3	24b. REG	ISTRAR'S S	IGNAFU	RELA	

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MARYLAND STATE DEPARTMENT C	G252 11-16-59 et	4000.
12315 Item CERTIFICATE C	OF DEATH	12294 Dist. No.
o. COUNTY TO MARYLAND 2. USUA MARYLAND 2. USUA 9. ST.	AL RESIDENCE (Where deceased lived. If institution, Resident B. COUNTY	fence before admission)
RUKAL and give nearest fown)	OR TOWN (If oytside corporate limits, write RURAL and	d give nearest town)
	REET ADDRESS OF CHURCHENTER Day Te	IS RESIDENCE ON A FARM? YES NO
3. NAME OF DECEASED (Type or print) Victoria Middle	Lost 4. DATE Month OF DEATH	Day Year 3 19 59
5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE O WIDOWED DIVORCED   100	PERITH 9. AGE (In years last birthday) Month	ER I YEAR IF UNDER 24 HRS. s Days Haurs Min.
Oa. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. B during most of working life, even if retired)	SIRTHPLACE (Stale ar foreign country) 12.	CITIZEN OF WHAT COUNTRY?
3. FATHER'S NAME UNKNOWN	ITHER'S MAIDEN NAME	
(It yes, give wor or dates of service) 303-12-9499	rue Foster- 209 N.	Edgawood Si
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Cembris	INTERVAL BETWEEN ONSET AND DEATH
Conditions, if ony, which) (b) chryn-c Thyo	carlets mt	one yes
gave rise to immediate cause (a), stating the under-lying cause last.  DUE TO  (c)	filalin	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELA	TE TO THE TERMINAL DISEASE CONDITION GIVEN IN P	ART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING   CAUSE OF DEATH OF LITTLE OF	ature of injury in Part I ar Part II af item 18.)	•
20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED While Not while at work at work at work 20d. INJURY OCCURRED factory, street	NURY (Home, form, 20f. (City or town) et, affice bldg., etc.)	(County) (State)
8 2 30 59		I last saw the deceased
ACTUAL Salmer Fl William M.D. 1	725 Neistus Tur	- Re DATE SIGNED
PHYSICIAN'S PAIMER F. C. WILLIAMS	Pikesville	8. Md
Bullet 11/6/59 mt Muhu	w Balto	ma
Superal Director's signature address Address R. 19 Minhay A		S. Kraus
3 S S S S S S S S S S S S S S S S S S S	PLACE OF DEATH  o. COUNTY  D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)  D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)  D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)  D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give nearest fown)  D. CITY OR TOWN (If outside carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give continued and give in carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give continued and give market limits, write carporate limits, write carporate and give market limits, write carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give carporate limits, write c. LENGTH OF STAY IN 1b RURAL and give carporate limits, write carporate limits, write carporate limits, write carporate and give carporate limits, write carporate limits, write carporate and give carporate limits, write carporate limits, write carporate limits, write carporate limits, write carporate limi	PARCE OF DEATH  C. COUNTY  MARYLAND  2. USUAL RESIDENCE (Where decrosed fired. If institution, Ratio Solition of County  MARYLAND  D. CITY OR TOWN If Judiole corporate limits, write P. C. LENGTH OF STAY IN 1b  RURAL and give necress flown)  D. CITY OR TOWN If Judiole corporate limits, write RURAL or RURAL and give necress flown  D. C. COUNTY  MARYLAND  D. CITY OR TOWN If Judiole corporate limits, write RURAL or RURAL ord give necress flown  D. C. COUNTY II double corporate limits, write RURAL or RURAL ord give necress flown  D. C. COUNTY II double corporate limits, write RURAL ord give necress flown  D. C. COUNTY II double corporate limits, write RURAL ord give necress flown  D. C. COUNTY II (In ord in hospited give street address)  D. C. ADTE OF BETH!  D. ADTE OF BE

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 **CERTIFICATE OF DEATH** 12316 Reg. Dist. No. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY BALTO. b. COUNTY MARYLAND 17 b. CITY OR TOWN (If outside carporote limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) ATONSUILLE CATONSVILLE shauld d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION OY S. SYMINGTON AVE. ON A FARM? 2 5. SYMINGTON YES NO NAME OF Middle Yeor Day DECEASED 195 (Type or print) DEATH 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthdoy) Months Days Hours DIVORCED T WIDOWED T O yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) 3+0RR DRAFTSMAN 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician certificate ottending physicie hours 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT pled CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: アコレビン IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO cause (a), stoting the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO Z 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Doy, Year 20d. INJURY OCCURRED (Caunty) (Stote) foctory, street, office bldg., etc.) While Not while D 00 of work of work Nov., 29, 195 7, that I lost saw the deceased 21. I certify that I attended the deceosed from and that death occurred at 10105PM, from the causes and on the date stated above. ACTUAL prior should ALTIMORE 28 Mi PHYSICIAN'S TO FUNERAL 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City\_Jown, or county) ebod (Stote) REMOVAL (Specify) 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS A15 (4) arthur S. Thous 15M 10/57

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# HEALTH DEPT.

TO DEPUTY MA CALL EXAMINER: This certificate should be executed within 24 hours after death. If any delay recessary, please execute the certificate, writing the word "pending" in pendi in Item 18. Give Pages 1, 2, and 3 to the funeral director. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your tiles, TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permy. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and In any expectivities 72 hours after death.

VS. A15ME 5M 7/59

### MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND

	194	HCA	L EXAMIN	IER'S	CERTIFI	CAT	E OF D	EATH			IN	230
1. PLACE OF DEATH	TROI	-8			2. USUAL RE	SIDENC	E (Whare dacas	sad lived, If	institution: Re	esidenca l	bafora a	dmission)
	BALTIMORE		MARY	LEND	a. STATE	MARY	T.ANTO	b. COUN	TY PA	I.TTM(	יאינור	1
b. CITY OR TOWN (	if outside corporate lim	its,	c. LENGTH OF STA				outside corporate	limits, writ	e RURAL and	give nee	rest low	(n)
write RURAL and	give neerest town)		9.50° - UM	200			imore				,	
d NAME OF HOSPI	TAL OR INSTITUTION (	if not in h	nspital give street addr	nes)	d. STREET A				340		a IS Pr	ESIDENCE
5. TOME OF 11001											ON	A FARM?
Mt.	Vista & B	elair				1444	Battery				YES	
3. NAME OF DECEASED	First		Middle		Last		4. DATE OF	Monti		Dey	Yeer	
(Type or print)	RAYMO		F.		MROZINSK	I	DEATH		ember	15	19	59
5. SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIE	D B	. DATE OF BIRTH		9. A	GE (In years st birthday)	IF UNDER 1			24 HRS.
Male	White	WIDOW	ED DIVORCE		11/TO/37		2	2 yrs.	Months D	ays F	lours	Min.
100. USUAL OCCUPAT	ION (Give kind of world	10b.	KIND OF BUSINESS OF	INDUSTR	Y 11. BIRTHPLAC	E (Stata	or foreign country	)	12. CITIZ	ZEN OF V	VHAT C	OUNTRY?
dona during most of wo			od Mach. Co	orp	100	Md.						
13. FATHER'S NAME	4	120		2	14. MOTHER'S A	AAIDEN I	VAME					-
	Unknow	2		200		Unk	nown					
15. WAS DECEASED EV			. SOCIAL SECURITY N	O   17 T	NFORMANT			Address				
(Yes, no, or unkown) (I			. SOCIAL SECONITI IN	0. 17		Fam	ily - Sa					
	EATH [Enter only one	causa par	lina for (a), (b), and (c	:).]						INTER	AL BET	WEEN
PART I. DEAT	H WAS CAUSED BY:		rbon monox		nt ord ont	ion	and amak	a dah	olotion	ONSET	AND	DEATH
900.	IMMEDIATE CAUSE (e)	0	I DOM MONOX	Tae 1	TITOXICAT	TOIL	and Smok	e TIHIS	RTS CTO	-		
040X	DUE TO	0-										
Conditions, if any	140	Ce	nflagration	п								
(a), stating the u	DI DI IE TO											
causa last.	) (c)				Jan 15							
PART II. OTHE	R SIGNIFICANT CONDI	TIONS CO	NTRIBUTING TO DEAT	H BUT NO	T RELATED TO THE	ETERMIN	AL DISEASE CON	IDITION GIV	EN IN PART	1(e) 19.		UTOPSY RMED?
EX.										YES	_	NO T
PART II. OTHER		Db. DESC	RIBE HOW INJURY OC	CURED. (E	ntar nature of Injur	ry in Part	I or Part II of item	18.)				
PRIMARY IN or CO	ONTRIBUTING [	Aut	o wreck wi	th re	sulting	conf	lagratio	n				
ZDc. TIME OF INJU	JRY Month, Day, Ye		. INJURY OCCURRED		CE OF INJURY (He				(Coun	tv)		(State)
Hour a.m.		Wh	la Not While	fact	ory, street, office bl	ldg., alc.)		,				
		59   at w			load	rer .	1		Baltir			Md.
	nat I took charge o	of the re				-	Inspection	, Inquir	, 1	and in	my o	pinion
death resulted	from: Natural ca	auses	, Accident X	Suici	ide, Hor	nicide	, Undet	ermined m	anner			
	15	(1) -	V	- (	) CHIEF MI	EDICAL E	XAMINER -					
ACTUAL SIGNATURE	WOY		Luy	$\rightarrow$	M.D. ASSISTA	NT MEDI	CAL EXAMINER	X		DAT	E SIG	NED
			)	1		MEDICAL	EXAMINER			3.3	/15	/59
EXAMINER'S NAME (Typa)	W. Br	adlev	King, Jr.	M.D	Addrass	(Streat, ci	ity, town, or coun	ity)			,	, , ,
22a. BURIAL, CREMATIC REMOVAL (Spacify	ON, 22b. DATE THERE	OF	22c. NAME OF CEN	AETERY OR	CREMATORY		22d. LOCATION		, or country)		(State	a)
В	TI/19/59		Parlovo	od			Baltin	nore				
23. FUNERAL DIRECTO			ADDRESS		2	4e. REC'	D BY REGISTRAR	24b. REG	ISTRAR'S SIG	NATURE		O-CT
McCully Fun	eral Homes	- I3	O E. Fort	Ave.	D	ATENO\	117'59	an	thun & t	· ·		

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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

CERTIFICATE OF DEATH

12297

12318 Reg. Dist. No. 2. DATE 1. NAME OF DECEASED OF Katherine M. Mullin DEATH 4. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) B. COUNTY A. STATE A. Baltimore City, Maryland (If not in hospital or institution, give street address or (If outside corporate limits, write RURAL and give C. CITY OR TOWN township) INSTITUTION Armacost Nursing Home Baltimore D. STREET ADDRESS (If rural, give location) Yrs. 3700 Greenmount Avenue Mos. c. Length of stay in Baltimore Dava 9. AGE (In years | M Under 1 Year ff Under 24 Hours 8. DATE OF BIRTH 6. COLOR OR RACE | 7. SINGLE, MARRIED. last birthday) | Months Days | Hours | Min. WIDOWED, DIVORCED (Specify) 1876 Widowed White 12. CITIZEN OF 11. BIRTHPLACE (State or foreign country) 10A. USUAL OCCUPATION (Give kind of 10B. KIND OF BUSINESS OR WHAT COUNTRY? INDUSTRY work done during most of working life, even if retired) Baltimore Co. 14. MOTHER'S MAIDEN NAME Margaret Sharkev Patrick Flanagan ADDRESS 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL 17. INFORMANT T BLACK OR BLUE-BLACK IN IPPLIED.

T PLACK OR BLUE-BLACK IN IPPLIED.

T PLACE IN IPPLIED.

T PLACE IN IPPLIED.

T PLACE IN IPPLIED. SECURITY NO. (If yes, give war or dates of service) Mrs. Paul J. Flynn-3700 Greenmount (Yes, oo or noknown) INTERVAL BETWEEN CAUSE OF DEATH DNSET AND DEATH 18. Cerebral Hemonhage
Arterios lentre Cardio Vasculor
Disease with Hypertension DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (This does not mean the mode of dying, e.g., heart failure, asthenia, etc. It means the disease, injury or complication which caused death.) 22 / ANTECEDENT CAUSES DISEASES OR CONDITIONS, IF ANY, GIVING CATION DUE TD RISE TO THE ABOVE CAUSE (A) STATING THE UNDERLYING CONDITION LAST. carefully L 11 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING RTI TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING IT Ш 20. AUTOPSY? 198. CONDITION FOR WHICH OPERATION 19A. DATE OF OPERATION IF OPERATION WAS RELATED TO WAS PERFORMED CAUSE OF DEATH, ENTER IN ND PART I OR PART II WORK LI AT WORK L 22. I certify that (I) (this hospital) attended the deceased from ..... November 12 1954 19 that (I) (we) last saw the deceased alive on and that death occurred at 5 m., from the causes and on the date stated above. of int 238. ADDRESS 23c. DATE SIGNED 23A. SIGNATURE STAFF PHYS. MEO. OIRECTOR [ ATTENDING PHYS. 24C. NAME OF CEMETERY OR CREMATERY 24D. LOCATION (City, town, or county) 24A. BURIAL, CREMA-TION, REMOVAL (Specify) 248. DATE Every Cathedral Burial ADDRESS DATE RECEIVED BY

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attending physician and completely filled in by the please remove corban papers. Pages 1 and 2 sho remove corban within 72 hours Then please certificate has been signed use as the buriol-transit removol,

22a. BURIAL, CREMATION,

REMOVAL (Specify) Burial

23. FUNERAL DIRECTOR'S SIGNATURE

22b. DATE THEREOF

1. PLACE OF DEATH a. COUNTY Baltimore	MARYLAND	2. USUAL RESIDENCE (Whe	ere deceased lived. If institution: Resider b. COUNTY	nce befare admission)
b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	1	rtside carporate limits, write RURAL and	give nearest tawn)
Fort Howard	6 Days	Baltimore	(13)	NO1-4
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION		d. STREET ADDRESS	3 3 - 4	e. IS RESIDENCE ON A FARM? YES NO N
Veterans Administration		1500 N. Rut	land Avenue	LIST NOT
3. NAME OF DECEASED (Type or print) CHARLES	Middle ADAM	MUTH. JR.	4. DATE Month OF November	Day Year
5. SEX   6. COLOR OR RACE   7. MARRI	IEDA NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In years IF UNDER	TYEAR IF UNDER 24 HRS.
Male White WIDOWE		July 30, 1911	last birthdoy) Manths yrs.	Days Haurs Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (State of	or foreign country) 12.CIT	IZEN OF WHAT COUNTRY?
	vern	Baltimore,	Margrand II	S. A.
13. FATHER'S NAME	AOTM	14. MOTHER'S MAIDEN N		D, A,
Charles A. Muth, Sr.		Mary Burnha		
	SOCIAL SECURITY NO.	NFORMANT	Address	
Yes, no, or unknown) (If yes, give war or dates of service)	2-10-6/123 01-	inical Pasanda	.VAH.Balto.18.Md.F	4 Wassend Dies
		Integr necords	VAU PST CO TO MO F	
18. CAUSE OF DEATH [Enter only one couse per lin	e far (a), (b), and (c).			ONSET AND DEATH
PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) ACT	JTE BLEEDING G.	ASTRIC ULCER		UNKNOWN
540.0 XXXXX				
Conditions if you which )	JTE ANEMIA			UNKNOWN
cave size to immediate	OLE WHERETY			
cause (a), stating the under.				O TENDO
	RRHOSIS OF LIV	DHT.		9 YEARS
PART II. OTHER SIGNIFICANT CONDITIONS C			NAL DISEASE CONDITION GIVEN IN PAR	PERFORMED?
1 Esophageal Varices.				YES NO
206. ACCIDENT WAS UNDERLYING   20b. DESC   OR CONTRIBUTING   CAUSE OF DEATH   (IF EITHER, NOTIFY MEDICAL EXAMINER)	CRISE HOW INJURY OCCURRE	D. (Enter noture of injury in Po	ort I ar Part II of item 18.)	
20c. TIME OF INJURY Manth, Day, Year 20d. IN Haur a. m. While of wark	Not while for	ACE OF INJURY (Home, farm, ctory, street, office bldg., etc.)		Caunty) (State)
21. I certify that attended the decease	ed from October	29_, 159_, taNov	ember 4 , 1959 xbaxxx	advanchedeaoad
2010-0000000000000000000000000000000000				
1 1 1 1	1		DDRESS (Street, city ar town, state)	DATE ŞIĞNED
ACTUAL SIGNATURE SOME EV. C	suford	M.D. VAH, BALTO.1	8, MD. FORT HOWARD D	IVISION 1/5/59
PHYSICIAN'S JOHN W. CRAWFORD,	M.D.			11/5/59

22c. NAME OF CEMETERY OR CREMATORY

5305 Harford Road

Baltimore, Maryland

Baltimore National Cem

22d. LOCATION (City, tawn, ar county)

em Baltimore, Maryland
24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

arthur S. Kraus

(State)

TO FUNERAL DIRECTOR: After this page 3 should be detoched far use TO HOSPITAL OR VS A15 (4) 15M 9/58

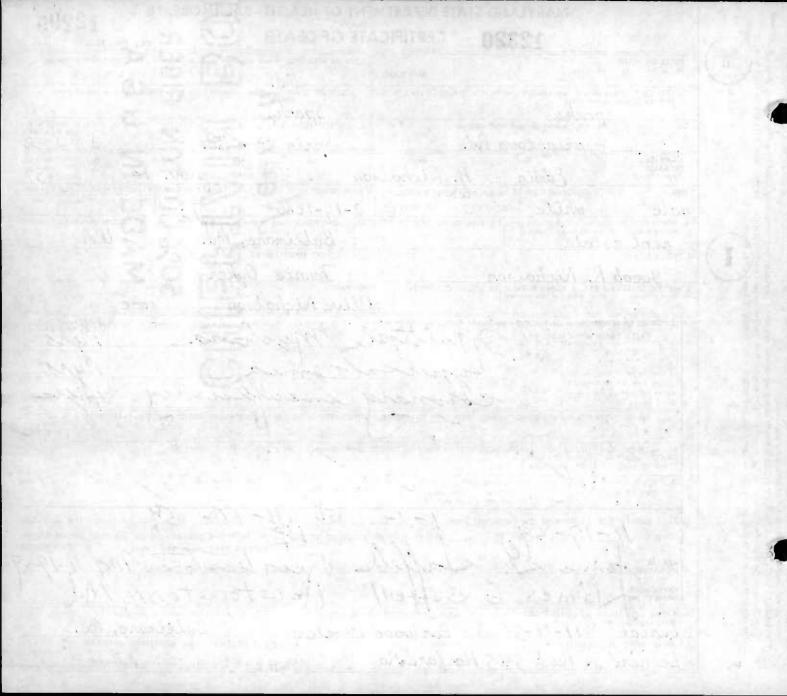
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within 24 hours often youth. Page 4 ely filled in by the runeral director, Pages 1 and 2 shauld be filed with	d. NAME OF HOSPIT OR INSTITUTION
24 hau	3. NAME OF DECEASED (Type or print)
within Page	5. SEX
complet papers.	male  100. USUAL OCCUPATIO during most, of worki
n ond or	real es.  13. FATHER'S NAME
O HOSPITAL OR A NDING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs often cape 4 may be retained by the hospital ar ottending physician.  O FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the runeral director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 72 hours after dayth.	9acob 15. WAS BECEASED EVER (Yes. no, or unknown)
eoth endin leose thin	18. CAUSE OF DEAT
the att Then p	PART I. DEAT
that by th it. Ti	Conditions, if on
signed t perm d in or	gove rise to in couse (o), stating t lying couse lost.
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D HOSPITAL OR A NUING PHYSICIAN: The law requires that may be retained by the hospital or ottending physician.  PEUNERAL DIRECTOR: After this certificate has been signed by page 3 shauld be detached for use as the burial-transit permit. The registrar prior to burial, cremation, ar removal, and in ony expension to burial.	PART II. OTH  20g. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY)
ar offe certifi se as fl ation,	20c. TIME OF INJURY Hour o. m. p. m.
pital prital er this far u crem	
NDIN e hos ached oched ourial,	21. I certify the
ECTO Be detrior to l	ACTUAL SIGNATURE
retaine AL DIR hauld trar pri	PHYSICIAN'S NAME (Type)
may be retained by TO FUNERAL DIRECTO page 3 should be de the registrar priar to	220. BURIAL, CREMATION DEMOVAL (Specify)
Jes Jes	23. FUNERAL DIRECTOR'S
VS A15 (4) 15M 9/58	Leonard

1.000				Keg. Disi.	110.
PLACE OF DEATH O. COUNTY BALTIMORE	MARYLAND	2. USUAL RESIDENCE (Who. STATE		OUNTY	before admission) IMORE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	OF STAY IN 16	c. CITY OR TOWN (If o	outside corporate limits,	write RURAL and giv	re nearest town)
d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION Springtown Rd.		d. STREET ADDRESS Springt	own Rd.	72	e. 15 RESIDENCE ON A FARM? YES NO
NAME OF First Edwin H.	Michols	on	4. DATE OF DEATH NO	Month	Day Year 1959
s. SEX 6. COLOR OR RACE 7. MARRIED NEV male white widowed □	DIVORCED	8. DATE OF BIRTH  2-14-1886	9. AGE (In lost birt	111	YEAR IF UNDER 24 HRS. Pays Hours Min.
00. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  real estate	JSINESS OR INDUS	0 1	or foreign country)	12. CITIZE	EN OF WHAT COUNTRY?
3. FATHER'S NAME		Fannie	Ocher		
5. WAS DECEASEDEVER IN U. S. ARMED FORCES? 16. SOCIAL SEC		Olive Nicho	olson	Address Same	
18. CAUSE OF DEATH [Enter only one cause per line for (o), (b)  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate cause (o), stating the under- lying cause lost.	digit	le My lame	eloma Aficies	reg	INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTE	G TO SCATH BUT	NOT RELATED TO THE TERMI	NA! DISEASE CONDITI	ON EVEN IN PART	1(0) WAS AUTOPSY PERFORMED? YES NO
20g. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	INJURY OCCURRE	D. (Enter noture of injury in I	Port I or Part II of item	18.)	
20c. TIME OF INJURY Month, Doy, Year Hour o. m. p. m. 19 of work of work of work	hile_ for	ACE OF INJURY (Home, form ctory, street, office bldg., etc.	20f. (City or town)	/ (Co	ounty) (Stote)
21. I certify that I attended the deceased fram alive on 19 19 19 ACTUAL SIGNATURE PHYSICIAN'S NAME (Type) A M CS (3. 5)	1-1- nd that death affel affell	Res Res	ADDRESS (Street, city of the street) of the street of the	ses and an the town, stote)  wn M	t saw the deceased date stated above.  DATE SIGNED
burial 11-21-59 P	arkwood	cemetery	22d. LOCATION (City,	ltimore,	Md. (Stote)
3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS	fond Rd	246. REC'		b. REGISTRAR'S SIGN	



0204	ENT OF HEALTH—BALTIMORE, 1	8 12300
CERTIFICA	ATE OF DEATH	Reg. Dist. No.
more MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution a. STATE b. COUNTY	on: Residence before admission)
te limits, write c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write R	URAL and give nearest town)
Ton 25 yrs.	X Kyral-Farki	ton
ital, give street address	d. STREES RODRESS	e. IS RESIDENCE ON A FARM? YES 1 NO
bert Middle	Noe 4. DATE Non Mon	th 30 Day Year 1959.
ACE 7. MARRIED NEVER MARRIED	B. DATE OF BIRTH  P. AGE (In years land by year)  P. AGE (In years land by year)  Yes.	IF UNDER 1 YEAR IF UNDER 24 HRS.   Months   Days   Hours   Min.
wark done 10b. KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole of foreign country)	12. CITIZEN OF WHAT COUNTRY?
SETUICESIAII	14. MOTHER'S MAIDEN NAME A	9,0,,,

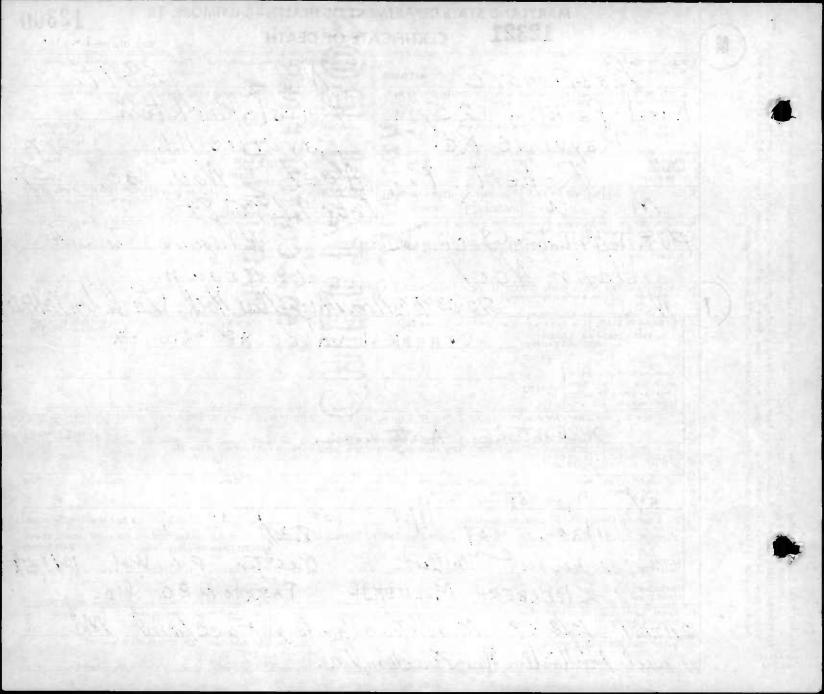
1	6. COUNTY Dallimore MARYLAND C. STATE Md 6. COUNTY Balto
	b. CITY OR TOWN (If outside corporate limits, write   c. LENGTH OF STAY IN 1b   c. CITY OR TOWN (If outside corporate limits, write RURAL and give neares) town)
Į	Kural-Parkton 25 vrs. X Kural-Karkton
	d. NAME OF HOSPITAL (If not in haspital, give street address)  or INSTITUTION  d. STREET ADDRESS  e. 15 RESIDENCE ON A FARM?
	Rayville Kd. Rayville Kd. YES [] NO X
	3. NAME OF DECEASED (Type or print)  Robert Middle Noel 4. DATE OF DEATH North 30 195
	5. SEX    6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (In years less brildoy)   Months   Days   Hours   Min.
	10a. USUAL OCCUPATION (Give kind of wark done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote of foreign cayntry)  12. CITIZEN OF WHAT COUNTRY 11. BIRTHPLACE (Stote of foreign cayntry)
	PUT. Dect PLaborer Dervice Station W. lirginia. 4. J. H.
	13. FATHER'S NAME
4	John Noel Unknown
	TS, WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT (If yes, give wor or dates of service) 5/2-03-3987 May Alex Holis Foll: Tark ton Mal
-	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  INTERVAL BETWEEN ONSET AND DEATH
1	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  CEREBRAL VASCULAR ACCIDENT
1	33/X DUE TO
	Conditions, if any, which (b)
	gove rise to immediate couse (a), stating the under.  DUE TO
	lying couse last. (c)
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPS PERFORMED? YES NO [
	20a. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part II or Part II of item 1B.)  OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)
1	20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED Hour foctory, street, office bldg., etc.)  20c. TIME OF INJURY Month, Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.)
	3 %p. m. 1 30 19 5 at work at work
1	21. I certify that I attended the deceased fram 1/129, 1959, to 1/-30, 1937, that I last saw the decease
1	alive an
ı	ADDRESS (Street, city or town, stole)  DATE SIGNI
١	SIGNATURE C. Herhert Muelley M.D. Sailton P.O. Mel 1911
	PHYSICIAN'S NAME (Type) C. HERBERT MUELLER TO PARKTON P.O. MD.
	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF GEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote)
1	23. FUNERAL DIRECTORS SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
1	L'Accol Harlinsten How Ferendom, Val, DATE DEC 4 '59 arthur & thous

TO HOSPITAL OR AT NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the page 4 may be retained by haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the Funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 should be filled with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.

PLACE OF DEATH

VS A15 (4) 15M 9/5B



9LTI MORE

William Cook, Inc., 1217 St. Paul Sreet

1. PLACE OF DEATH

CA	TE OF DEATH			1 A	2301
4D	2. USUAL RESIDENCE (WI o. STATE MARY		. If institutions Res		mission)
16	c. CITY OR TOWN (If a	outside corporate li	mits, write RURAL o	and give nearest	lown)
3	ELLI	COTT	CITY	13 X-	2
	d. STREET ADDRESS			0	RESIDENCE N A FARM? NO TO
5	ORRIS	4. DATE OF DEATH	Month NOV	Doy 5	Yeor 1959
	8-31-12	870 8	yrs. Mont	DER 1 YEAR IF U	
NDU:	FLLICOT		4 1	CITIZEN OF W	19
	14. MOTHER'S MAIDEN I	NAME			
	EMILI	NEI	PPPLE	BY	
7. 1	TRAVEL X.	Amer	Hh. C	chey	andly h
/	chesti	Co	idio		L BETWEEN ND DEATH
2	clan l	nica	re	11	years
BUT	NOT RELATED TO THE TERM	INAL DISEASE CON	IDITION GIVEN IN	PART 1(0) 19. W PE YES	AS AUTOPSY RFORMED?
JRRE	), (Enter noture of injury in	Port I or Port II of	item 18.)		
PL. for	ACE OF INJURY (Home, farm tory, street, office bldg., etc	20f. (City or to	wn)	(County)	(Stote)
9	, 19.47, to	11-5	., 19.5 9, tha	t 1 last saw t	he deceased
ath	occurred at 6:40	Q.M. from the ADDRESS (Street,		n the dote s	
_	M.D. Was	gerall	2 10 41		12/27.

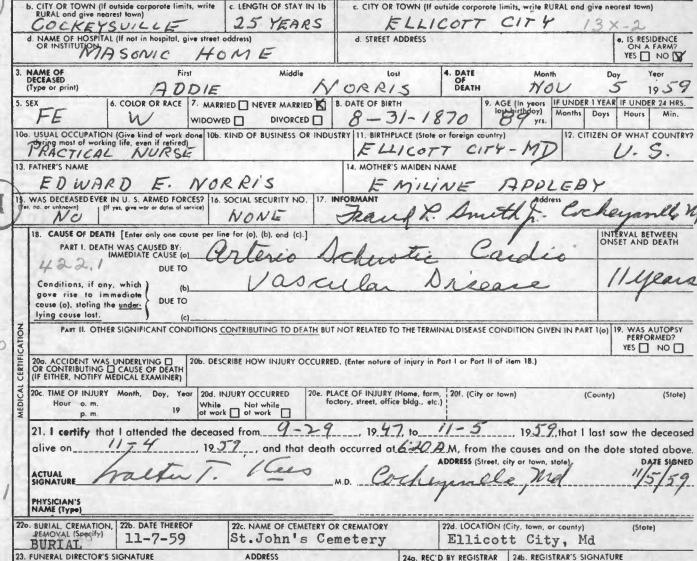
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director, ited with filed in by the attending physician and TO FUNERAL DIRECTOR PAGE 3 shauld be a

death. Page

requires that the death certificate be executed within 24 haurs ofte





DATE NOV 6

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		14343	CERTIFIC	AIL OI D	6.711	•		Reg. Dis	t. No.	
	PLACE OF DEATH o. COUNTY	Baltimore	MARYLAND	2. USUAL RESID o. STATE	Mery:		lived. If institution b. COUNTY	oni Resideno	e before o	dmission)
	b. CITY OR TOWN ( RURAL and give r	(If outside corporate limits, write nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TO	OWN (If o	utside corpor	ote limits, write R	URAL and g	ive nearest	town)
	Cato	nsville	8mthl3dys	Baltin	more	915		3 V O	1-4	-
	d. NAME OF HOSPI	TAL (If not in hospital, give street	oddress)	d. STREET AC					0. 1	S RESIDENCE
			SPITAL	834 I	Brook	s Lane				ES NO
	NAME OF DECEASED (Type or print)	First Arthur	Middle Har <b>ry</b>	lost Pal me		4. DATE OF DEATH	Mon Nov	m ember	Doy 3	Yeor 19 59
5.	SEX	6. COLOR OR RACE 7. MARR	IED INEVER MARRIED	8. DATE OF BIRTH		10000	9. AGE (In years last birthday)			UNDER 24 HRS.
n	ale	white wow	ED DIVORCED	March	17,	1892	67 yrs.	Months	Days H	ours Min.
-	during most of wor	ON (Give kind of work done 10b. rking life, even if retired) Salesman Ma	kind of Business or Indu		CE (Stote		untry)		S. A	VHAT COUNTRY
	FATHER'S NAME			14. MOTHER'S	MAIDEN N	IAME				
	( Unknow	m) Palmer		Uı	nknow	n				
IY•		ER IN U. S. ARMED FORCES? 16.		informant Records:	SPRI	NG GR	Addi		OSPII	'AL
		DUE TO  any, which immediate   DUE TO	ongestive hear nfarctive myoc pertensive and	eardial f	ibros		cardiova	scula	ONSET	AL BETWEEN AND DEATH
CERTIFICATION		HER SIGNIFICANT CONDITIONS C						EN IN PART	1(a) 19. V P YE	VAS AUTOPSY ERFORMED? S MO
		CAUSE OF DEATH	CRIBE HOW INJURY OCCURRI							
MEDICAL	20c. TIME OF INJUI Hour o.m. p. m.	RY Month, Day, Year 20d. It While at wor	Not while fo	LACE OF INJURY (Hoctory, street, office	iome, form, bldg., etc.	20f. (City	or town)	(Co	ounly)	(Stote)
	21. I certify to alive an No. ACTUAL SIGNATURE PHYSICIAN'S	Succa Wac	59, and that death	27 , 19 59 h accurred at	7:15a		the causes a	nd an th	e date :	the decease stated above DATE SIGNE 11-3-5
220	NAME (Type)  BURIAL CREMATIC	Stella Wachsler	M. D.		onsvi		Mary La			(Stote)
B	URIAL (Specify	11-6-59	Woodlawn Ce	metery		Wood	llawn, M	d		
23.	FUNERAL DIRECTOR	S'S SIGNATURE	ADDRESS		24a. REC'E	BY REGISTE		TRAR'S SIGI		11 -= 11
W	illiam Co	ook, Inc., 1217	St. Paul Stre	et	DATE NO	V 4 '5	9 Ch	thun S.	7iraus	

may be retained in the hospital or attending physician.

O FUNERAL DIRES A: After this certificate has been signed by the attending physician and completely filled in by the catory page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filled with the registrar prior to burial, cremation, ar removal, and in any event within 12 hours offer death. TO HOSPITAL OR ATTENDING PHYSICIAN: The flow requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained to be hospital or attending physician.

TO FUNERAL DIRECTOR After this certificate has been signed by the attending physician and completely filled in by the merel director. VS A15 (4) 15M 9/55

CERTIFICATE OF DEATH
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may be retained. The haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached far use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar removal, and in any event within 72 hays after death.

VS A15 (4) 15M 9/5B

death. Page 4 ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs al

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12324

**CERTIFICATE OF DEATH** 

Reg. Dist. No. 12303

	BALTIMORE	MARYLAND	o. STATE MARYLAN	L COUNTY	BALTIMORE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  TOWSON	9 YRS.		side corporote limits, write RU 4	JRAL ond give nearest town)
	d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION 646 CHARLES STREET	The second second second	d. STREET ADDRESS 646 CHA	RLES STREET	e. IS RESIDENCE ON A FARM? AVENUE YES NOX
3	NAME OF DECEASED (Type or print) CLIFTON TODI		Lost	OF NOVEMB	BER 10,195919
	MALE WHITE WIDOW	ED DIVORCED		1901 birthday) 58 yrs.	IF UNDER 1 YEAR   IF UNDER 24 HRS.   Manths   Days   Haurs   Min.
	0a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired) PHYSICIAN — COMM. MENTA		AUBURN M		12. CITIZEN OF WHAT COUNTRY? U.S.A.
11	3. FATHER'S NAME  R. EVERETT C. PERKINS		14. MOTHER'S MAIDEN NAME LOUISE	The second second	
1	5. WAS DECEASEDEVER IN U. S. ARMED FORCES? Yes, no, or unknown) (If yes, give war or dates of service)	2 2	NFORMANT RS ANNIE MAF	Addro RGARET PERKI	Cora
	PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  OUE TO Conditions, if ony, which gove rise to immediate cause (o), stating the under- lying cause lost.  Part II. OTHER SIGNIFICANT CONDITIONS (c)  20a. ACCIDENT WAS UNDERLYING (c)  20b. DESTOR CONTRIBUTING (CAUSE OF DEATH (I)) (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMINA	AL DISEASE CONDITION GIVI	EN IN PART I(a) 19. WAS AUTOPSY PERFORMED? YES NO
		CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in Par	rt I or Port II of item 18.)	The state of
0.00	20c. TIME OF INJURY Month, Day, Year 20d. II Hour o. m. While p. m. 19	Nat while foo	ACE OF INJURY (Home, form, ctory, street, office bldg., etc.)	20f. (City or town)	(County) (State)
/	21. I certify that I attended the decease alive on 11-9	ed fram //- 9 9, and that death Euser ENSOR, N.D.	occurred by Y307 M		that I last saw the deceased d an the date stated above.  State  DATE SIGNED  ()-//-5
2	20. BURIAL, CREMATION, 22b. DATE THEREOF BURIAL 11/12/ 59	22c. NAME OF CEMETERY OUNION CEM.	R CREMATORY 2.	2d. LOCATION (City. town, o	ASSACHUSETTS
2	3. FUNERAL DIRECTOR'S SIGNATURE HENRY SANDER & SONS	INC. BALTIMO			STRAR'S SIGNATURE

	20051			16637
A HOSECT REAL TRANSPORT AND THE PROPERTY OF TH	Cadernia -	GRAITHAN TO		SHOWLY LAN
THE STATE OF THE S		S MOSECO	9 7981	Nosile:
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	STATE OF BURBANDA		TROPIS O	
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		INTER PROPERTY.	2001079	million in the contract of the
		AC SECTION		antiquat in TTARAVA
and the state of t		ERCIA TOTAL		ob Yell Little

FUNERAL DIRECT page 0 VS A15 (4) 1SM 9/5B

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

F. Gasch's Sons

Nov 21

1959

Lutheran Cemetery

ADDRESS

Hyattsville Maryland.

2304 Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b. COUNTY Georges c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) . IS RESIDENCE ON A FARM? YES NO T Month Yeor 18, 19 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS lost birthdoy) Months Dovs Hours 12. CITIZEN OF WHAT COUNTRY? USA Address Md. INTERVAL BETWEEN ONSET AND DEATH PERFORMED? YES | NO 17 (County) (State) 1927 that I last saw the deceased and that death accurred at 1, 3, 1, M, from the causes and an the date stated above.

Bowie.

24a. REC'D BY REGISTRAR

DATE NOV 2 3 '59

(Stote)

24b. REGISTRAR'S SIGNATURE

arthur & Hama

Intagg so at Astronomy 1 1 1588 E. INT Server Symposyme 1266 SOUTH ST. Mysetty-JingK Haltimore 7 St. I year GOT WALL TO STATE OF 1:-10 - 3251 351 751 Legited Tork Volt Willed Hepartment | France | To ange who was to 20 The state Castalan in the Age of Age of Age 

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## 326 CERTIFICATE OF DEATH **CERTIFICATE OF DEATH**

12305

				Keg.	DIST. NO.	
1. PLACE OF DEATH o. COUNTY	AAAAWI ANIO	2. USUAL RESIDENCE (WH		If institution: Resid	lence before ad	mission)
Baltimore	MARYLAND	MARY	LAND		L. L.	V
<ul> <li>b. CITY OR TOWN (If autside corporate limits, write RURAL and give nearest town)</li> </ul>	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (14 c	outside corporate lim	its, write RURAL on	d give nearest t	awn)
Lutherville	BUYS.	6635 R	itchie Hi	ghway	0250	-2
d. NAME OF HOSPITAL (If not in hospital, give stree OR) INSTITUTION	t address)	d. STREET ADDRESS			01	RESIDENCE N A FARM?
Collège MANOR		Brookl	yn. Md.		YES	NO
3. NAME OF DECEASED (Type or print)  Auu (e)	Fleaner	Phelps	4. DATE OF DEATH	Month	Day	Year 1959
S. SEX 6. COLOR OR RACE 7. MAR	RRIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE		ER 1 YEAR IF U	
Female White WIDOW		Nov. 11, 1878	8	birthday) Months	s Days Ha	urs Min.
10a. USUAL OCCUPATION (Give kind of work done lob during most of working life, even if retired)		STRY 11. BIRTHPLACE (State	ar fareign country)	12,0	ITIZEN OF WHA	AT COUNTRY?
Housewife	Home	MARY HAN	JD O			
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	NAME	1 11		
Kranklin Menshau		Annie E	113A	SMITH		
1S WAS DECEASED EVER IN U. S. ARMED FORCES? 16 (lbs, no, or unknown) (If yes, give wor or dates of service)	S. SOCIAL SECURITY NO.	NFORMANT ARILLAN	. K.n.	Address	Mars	261
18. CAUSE OF DEATH   Enter only one couse per l	line for (a), (b), and (c), ]	N M JOLGET	717	Lo Cage	INTERVAL	BETWEEN
PART I. DEATH WAS CAUSED BY:	(	101		0	ONSET A	ND DEATH
331V IMMEDIATE CAUSE (o)	avira	himmon hage				
DUE TO		1 +0	/			
Canditions, if any, which (b)	cerebras	arling -	sellros	co	910	_
gove rise to immediate Couse (a), stating the under-					1	
lying cause last. (c)						
PART II. OTHER SIGNIFICANT CONDITIONS  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERMI	INAL DISEASE CONE	DITION GIVEN IN P.	ART 1(o) 19. W. PE YES	RFORMED?
	SCRIBE HOW INJURY OCCURRE	D. (Enter nature of injury in i	Port I ar Part II of it	em 1B.)		
		ACE OF INJURY (Hame, farm	20f. (City or taw	n)	(County)	(State)
Hour o.m.  P. m.  19 While of wo	e Nat while rate at wark at wark	ctary, street, office bldg., etc				
21. I certify that I attended the decea	sed from Man	. 1959 , to	brisint	, 19,that i	last saw the	deceases
alive an 10/30/59 .19		occurred at 7:30 Å	/			
dive dil	9_1, and mar deam		ADDRESS (Street, cit			DATE SIGNED
ACTUAL & A	RI	11. 71	C. 1. 4	St B	14	1/2/-
SIGNATURE C.	Frown pr	M.D 1101 VI-	alver	21, 13	all	11/2/59
PHYSICIAN'S NAME (Type) Ernest C. Brow	m. Jr.	_1101_NC	elvert St			
220. BURIAL, CREMATION, 22b. DATE THEREOF	22c. NAME OF CEMETERY O		22d. LOCATION (C		r) (:	State)
REMOVAL (Specify) Burial 10/6/59	Ceder Hil	1	Anne Arii	ndel Co.	Marvla	nd
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'		24b. REGISTRAR'S		110
John O. Mitchell & Sons, 1	Inc. 1900 Eutaw	Place DATE				

A SECOND CONTRACTOR OF THE PROPERTY OF THE PRO age of the death of the court o

	CERTIFICATE OF DEATH	
	To the second of	
		Design Comment
Township Tow		
	TOTAL - I TOTAL TO	

please es	should t		crematic	/
'AUDSSAD	cute the certificativiting the ward "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral director as 4 should	1	o burial,	1
lay is ne	director	files.	ir prior t	
f any de	funeral	ar your	e registro	
death. I	3 to the	etained f	with the	
rs after a	1, 2, and	nay be r	1 and 2	1
24 hou	Pages	Page 5 n	ile pages	1
ed within	18. Give	n PM3.	ermit. F	
e execut	in Item	with forr	-transit p	
shauld !	in penci	e along	a burial	
artificate	ending"	er's Office	so pesa :	
?: This ce	ward "p	Examine	hauld be	
CAMINE	ting the	farwarded to the life Medical Examiner's Office along with farm PM3. Page 5 may be retained far your files.	Page 3 s	
DICKEL EX	Co	the lief	RECTOR:	
UTY ME	he certifi	rded to t	ERAL DIS	aval.
S TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is negating, please ex	cute t	forwar	TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages 1 and 2 with the registrar priar to burial, crematic	or remayal.
VS	. A	15	ME	5)

5M 9/55

				STATE DEPART						18 Reg. Dis	. No.1.2	307
1.	1. PLACE OF DEATH  o. COUNTY					2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)						lmission)
L		Raltimore		MARYLA	MD	o. STATE	Mo	d.	P. CON	Balto	•	
t	CITY OR TOWN (If out	tside corporate limits, write R	URAL	c. LENGTH OF STAY IN	16	c. CITY OR	TOWN (IF	outside corpo	rate limits, write			town)
	and give nearest town) Catonsvi	110				52 cat	tonsvi	ille				
	. NAME OF HOSPITAL		not in hos	pital, give street address)		d. STREET	DDRESS	rose Ar	7e		0	RESIDENCE N A FARM?
3. 1	NAME OF	First		Middle		Lost		4. DATE	Man	th	Day	Year
	Type or print)	Gabri	01	Pol	100	1-		OF DEATH	Nov.	14.195	9	19
5. 5		70 mar. n. n.	. 4- 100	ED NEVER MARRIED	***			9	. AGE (In years	IF UNDER 1		NDER 24 HRS
			WIDOWE		- 1	1	1011	1	last birthday)	Months D	ays Hour	s Min.
20	Male	COTA			1/2	ALC.	170	E) .	33 yn.		SNI OF WHI	AT COUNTRY
100	luring most of working	life, even if retired)	ne 100. 1	KIND OF BUSINESS OR INI	you	A SIKIHIL	ACE ISIGIE	or roreign col	meyj	IIZ. CITIZ		
	Labor	rer				Mar	let C	and	~		U .S . /	
13.	FATHER'S NAME	1 ,0	P	00 1		14. MOTHER'S	MAIDEN N	IAME	P			
	16	tafter	10	lock		a	un	e X	ens	2		
	WAS DECEASED EVER	IN U. S. ARMED FORCE yes, give war or dates of ser	ES? 16.	SOCIAL SECURITY NO.	17. IN	FORMANT			Addres	5		
(10)	. no, or onknown) (if	7as, give war or doles or ser	1-1-	611731	J	ohn W.	Pollo	ock 10	32 N. G	ilmor	ST .	
	18. CAUSE OF DEATH	Enter anly one cause	per line	for (a), (b), and (c).							INTERVAL BET	WEEN
	PART I. DEATH	WAS CAUSED BY:			one	ary Thr	omhos	is			ONSET AND	DEATH
		MEDIATE CAUSE (o)		001	Olli	ary Dill	0111000	10				
	420,1	DUE TO										
	Conditions, if ony,											
	gove rise to immediate cause (a), stating the underlying  DUE TO											
3	couse last.											
CATION	PART II. OTHER	SIGNIFICANT CONDI	TIONS CO	ONTRIBUTING TO DEATH B	BUT NO	OT RELATED TO	THE TERMI	NALDISEASE	CONDITION GI	VEN IN PART	1(a) 19. WA PER YES	FORMED?
CERTIFIC	20g. EXTERNAL CAUSE PRIMARY OF CONTI CAUSE OF DEATH.	E WAS RIBUTING [] 20b.	DESCRIB	E HOW INJURY OCCURRE	D. (Er	iter noture of in	jury in Parl	l or Part II o	f item 1B.)			
MEDICAL	20c. TIME OF INJURY	Month, Day, Year	20d. Whil			E OF INJURY (I			or town)	(Caun	ity)	(State)
ME	p. m.	19		ork ot work					-		46	
	21. I certify tha	t I taak charge	of the	remains described	abav	e, held an	Autops	y 🔲, Ins	pectian 🔀	Inquiry	and	d find the
4	death resulted for	ram: Natural co	ouses [	Accident ,	Suic	ide . H	lomicide	□, Un	determined	cause .		
		2										
3	ACTUAL SIGNATURE	Ter fin	1	ieffer		_M.D.		AMINER			DAT	E SIGNED
	EXAMINER'S NAME (Type)	eo. S. M.	Kief:	fer M.D	3			AL EXAMINER EXAMINER		Nov.	14,195	59 -
220	BURIAL CREMATION, REMOVAL (Specify) BUT13.			22c. NAME OF CEMETERS Western S		-		Cato:	ON (City, town,	or county) e, Bal		Md.
23.	FUNERAL DIRECTOR'S			ADDRESS 5'78	3 V	V.	24a. REC'I	D 8Y REGISTR	AR 24b. REG	ISTRAR'S SIGN	NATURE	
1/2	mento	To H.	,	A Biddle				0V 1 7 '5		lething &		
77	II KIO INGLA	151 0-412	Mark.	Truck.			DAIL II	01110		A PINTANA	MALLA	

CONTROL EXAMINER'S CERTIFICATE OF PEACH 3 2 5 · OTAL III DE LE REMUNINA MESANTA

STATE HEALTH DEPT. TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any deloy is necessary, please execute the certificate withing the word "pending" in pendi in Item, 18. Give Poges 1, 2, and 3 to the funeral difference of should be forward to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for the files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremotion, or removal, and in any event within 72 hours after death.

M

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH OF 1224

12308 Reg. Dist. No.

o. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE Maryland b. COUNTY Baltimere
b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negrest town)  Durids IK	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  53 Dundalk
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  2727 Old North Point Road	d. STREET ADDRESS 106 German Hill Road  o. IS RESIDENCE ON A FARM? YES   NO.
3. NAME OF DECEASED (Type or print) Thomas Patrick	Porter A. DATE Month Doy Yeor OF DEATH November 6, 19 59
5. SEX Male  6. COLOR OR RACE WIDOWEXEX DIVORCED  8. WIDOWEXEX DIVORCED	DATE OF BIRTH 1896 P. AGE (In years   IF UNDER 1YEAR IF UNDER 24 HRS.   Sept. 28, /1891   3 08 yrs.   Months   Doys   Hours   Min.
100. USUAL OCCUPATION (Give kind of work done during most of working life even if relired)  Retired Laborer on Penna. R R Co.	Pennsylvania 12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME UNKNOWN	14. MOTHER'S MAIDEN NAME UNKNOWN
[Yes, no_es unknown] 1 (II yes, nive was as dates of service)	rs. Esther Tabaka 106 German Hill Rd.
gove rise to immediate couse (a), stating the underlying couse last.  (c)	INTERVAL BETWEEN ONSET AND DEATH  NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NOT
CAUSE OF DEATH.	the natural of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLAC foctor p. m. 19 White Not white of work of the process of	CE OF INJURY (Home, form, 20f, (City or town) (County) (State) ory, street, office bldg., etc.)
21. I certify that I taak charge of the remains described abort opinion death resulted from: Natural causes Accident [  ACTUAL SIGNATURE]	, Suicide, Homicide, Undetermined manner
EXAMINER'S M. B. DAVIS MI	ASSISTANT MEDICAL EXAMINER D
Buriar Nev. 10, 59 St. Mary's	Cemetery St. Clair, Pennsylvania
John J. Duda 7922 Wise Ave. 22, Ms	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE  Critical S. Kraus

VS. A15ME 5M 2/57

THE RESERVE OF LIE AND LOCAL TOP AND LOCAL T ages to past tipe only a place of the last  offer death

within 72 hours

crematian, ar removal,

the registrar prior to burial,

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

Q.	12209	CERTIFICA	ATE OF DEAT	Н		Reg. D	ist. No.	230	19
1. PLACE OF DEATH o. COUNTY Baltin	nore	MARYLAND	2. USUAL RESIDENCE (VO. STATE	Where deceased	l lived. If instituti b. COUNTY				ion)
b. CITY OR TOWN (If outside con RURAL and give neorest town)	rporote limits, write	c. LENGTH OF STAY IN 1b	Halethor		rote limits, write F	RURAL ond	give nec	rest town	1)
d. NAME OF HOSPITAL (IF not in OR INSTITUTION 1711	hospitol, give street Selma AV	address)	d. STREET ADDRESS 1711 Seli	ma Ave	•				FARM?
3. NAME OF DECEASED (Type or print)	First	Middle Pullen	Last	4. DATE OF DEATH	Nov. Ma	18/59	9 Do	•	Year
5. SEX Whi	OR RACE 7. MARE	RIED NEVER MARRIED DIVORCED DIVORCED	B. DATE OF BIRTH Feb. 3,1		9. AGE (In years lost birthday) 89 yrs.	Months Months	R 1 YEAR Doys	Hours	Min.
10o. USUAL OCCUPATION (Give ki during most of working life, ev	an if ratirad)	KIND OF BUSINESS OR INDU	Balto.		suntry)	12.50	IZEN OF	WHATC	OUNTRY?
13. FATHER'S NAME ————Hickmann			14. MOTHER'S MAIDEN Unknown						
15. WAS DECEASED EVER IN U. S. A. [Yes, no, or unknown] (If yes, give w	ARMED FORCES? 16.		. Mildred	Parson		ress Sel:	ma l	Ave.	
18. CAUSE OF DEATH [Enter PART I. DEATH WAS C. IMMEDIAT			lial ius	ufficer	incy		INTI	RVAL BE	TWEEN
Conditions, if any, which gove rise to immediate couse (o), stating the <u>underlying</u> cause lost.	(b) CO	terio-seler	ecise case	diov	rocula			7	
PART II. OTHER SIGNIFI  20g. ACCIDENT WAS UNDERLY OR CONTRIBUTING   CAUSE (IF EITHER, NOTIFY MEDICAL E	CANT CONDITIONS (	CONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TER	MINAL DISEASE	CONDITION GI	VEN IN PA	RT 1(a) 1	PERFO	AUTOPSY RMED?
	OF DEATH	CRIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	n Port I or Port	II of item 1B.)			2774	
20c. TIME OF INJURY Month, Hour o. m. p. m.	Day, Year 20d. II While of war	Not while fo	ACE OF INJURY (Hame, fa ctory, street, office bldg., e		or town)		(County)		(State)
21. I certify that I atterative on The V		ed from Tully	1957, to accurred at 4116 Ec	2_M, fram ADDRESS (St	the causes ar reet, city or town, n Avenue	nd an th stote)		stated	
PHYSICIAN'S NAME (Type) GOORGE	A. Knipp	M.D.	Balt	timore,	29, Mar	yland	<u> </u>		
220. BURIAL, CREMATION, 22b. D. REMOVAL (Specify)	ATE THEREOF	22c. NAME OF CEMETERY C	R CREMATORY		TON (City, town, tville.			(State	e)

ADDRESS

Directors

may be retained by hospital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, Than alone remove corbon papers. Pages 1 and 2 should be filled with TO HOSPITAL OR A

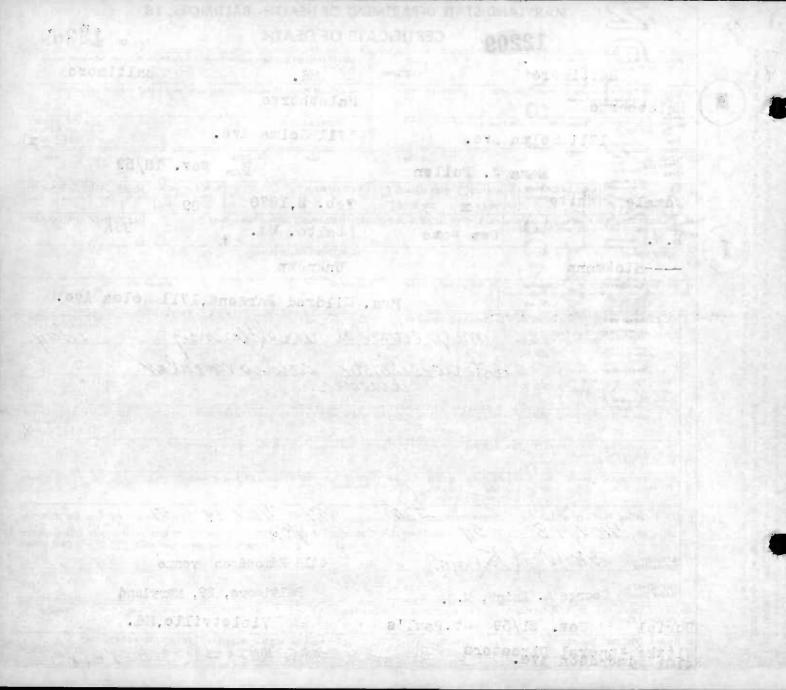
DING PHYSICIAN: The law requires that the deoth certificate be executed within 24 haurs often

VS A15 (4) 15M 9/5B



23. FUNERAL DIRECTOR'S SIGNATURE
Witzke "uneral
4101 Edmondson

24c. REC'D BY REGISTRAR NOV 2 4 '59 24b. REGISTRAR'S SIGNATURE arthur & throws



VS A15 (4) 15M 10/57

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880

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 12329

**CERTIFICATE OF DEATH** 

1231()
Reg. Dist. No.

13211		
	DALTIMORE MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY RAITIMO RE
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  × /ARBOR VIEW
1	d. NAME OF HOSPITAL (If not in hospital, give street oddress) OR INSTITUTION 630 S. 47 TH 57, #24	d. STREET ADDRESS 630 S. 47 TH ST#24, YES NO M
	3. NAME OF DECEASED (Type or print) HENRY RAS	SELE, SR. 4. DATE Month Day Year OF DEATH NOV. 10: 1959,
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED   1 WHITE WIDOWED DIVORCED	A AR G (In years lost birthdoy)  9. AGE (In years lef UNDER 1 YEAR IF UNDER 24 HRS. MARK)  MARK G (In years lost birthdoy)  7 yrs.  Months Days Hours Min.
	10o. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  CONTRACTOR  SELF	TRY 11. BIRTHPLACE (Stote or foreign country)  AUSTRIA.  12. CITIZEN OF WHAT COUNTRY?  U. S.A.
	JOSEPH RASSELE	14. MOTHER'S MAIDEN NAME  MOSER
	(Yes, no. or unknown)   (III yes, give wor or dates of service)	FORMANT ENA RASSELE Address SAME.
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate  (b)	of the Colon Interval Between ONSET AND DEATH 13 Mas.
	Couse (o), stoting the under.    DUE TO     Sying couse lost.   (c)     PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT II   200. ACCIDENT WAS UNDERLYING   20b. DESCRIBE HOW INJURY OCCURRED OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES \( \text{NO.} \( \text{NO.} \)
		. (Enter nature of injury in Port I or Part II of item 18.)
	20c. TIME OF INJURY Month, Day, Year Hour a. m. 19 While Not while of work of the of work 10 of wor	CE OF INJURY (Home, form, ory, street, office bldg., etc.) 20f. (City or town) (County) 6tote)
	ACTUAL & T. W	occurred of 22 AM, from the couses and on the date stated abave.  ADDRESS (Street, city or town, stote)  DATE SIGNED  1.D. 7001 Messels of London Add Dundled Messels (Street)
1	PHYSICIAN'S EUGENE F /Vety	M.D. 11-12-
	220. BURIAL CREMATION. 226 DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify) 11-13-59. OAK LAV	CREMATORY 22d. LOCATION (City, town, or county) (Stote)  VN CEM, 7225 EASTERN BLVD., MD.
	laharles S. Jeiler 901 5. CONKLING	240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE  DATE NOV 1 3 '59 Carthur & Krania

Control of the second s

-										Keg. D	131, 140		
	LACE OF DEATH COUNTY Balt	imore		MARY	11	o. STATE	E (When		lived. If institut b. COUNTY	on: Reside	nce befo	re admiss	ion)
b	. CITY OR TOWN (If outsi	de corporate limit	s, write	c. LENGTH OF STAY	IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)							
	RURAL ond give neorest	le		8yrlOmthl	6dys	Baltim	ore		3	V01.	- 4		
-	I. NAME OF HOSPITAL (IF	not in hospital, g	ive street	oddress)		d. STREET ADDRE	ESS				1	e. IS RES	IDENCE
S	SPRING GROVE			SPITAL		1808 S	t.Pa	ul St	reet				NO 2
	IAME OF DECEASED	Fire		Middle		Lost		4. DATE OF	Mo		Do		Yeor
-	Type or print)	Rayn		William		Redford		DEATH	Novemb		27	-	1959
5. S	EX 6. C	OLOR OR RACE	7. MARE	RIED 🔼 NEVER MARRIE	ED   8.	DATE OF BIRTH		1	P. AGE (In years lost birthday)	IF UNDE Months	R 1 YEAR	Hours	R 24 HRS.
m	ale wh	nite	WIDOWI	ED DIVORCE		Oct. 20.	191	2	17 yrs.	Monnis	Days	Hours	Min.
10a.	USUAL OCCUPATION (G during most of working lit	ive kind of work of	lone 10b.	KIND OF BUSINESS O	R INDUST	Y 11. BIRTHPLACE	(State or	foreign cou	untry)	12. C	TIZEN C	F WHAT	COUNTRY
	laborer			(Unknown)				rinia		II.	S.	Δ.	
13. 1	FATHER'S NAME					14. MOTHER'S MAIL							
	Raymond Red	fond S				Vinc	inic	Coth	erine Cl	2022000	•		
15.	WAS DECEASED EVER IN L	J. S. ARMED FOR		SOCIAL SECURITY NO	. 17. INI	ORMANT	aled dark C	Octor	Add	ress		70	
		give war or dates of so	rvicel 2	20-14-4093	Rec	ords: SP	RINC	GRO	WE STAT	TO H	OSPI	TAL	
an	18. CAUSE OF DEATH [	Enter columns on										RVAL BE	TIMEENI
	PART I. DEATH W		ose per in								ONS	ET AND	DEATH
	1MM	EDIATE CAUSE (o		Myocardia	II III	arction	-					4 11	nonths
	420.1	DUE TO			_				Ties that I			2 mc	nths
	Conditions, if ony, w			Arterios	cler	tic coron	nary	thron	nbosis			2 1110	110110
	gove rise to immed couse (o), stoting the un			3555								3 - 4 -	
	lying couse lost.	) (c	)	Generaliz	ed a	rterioscle	eros.	is			u	ide te	rmine
CATION	PART II. OTHER SI	GNIFICANT CON	DITIONS	CONTRIBUTING TO DEA	ATH BUT N	OT RELATED TO THE	TERMIN	AL DISEASE	CONDITION GI	VEN IN PA	RT 1(o) 1	PERFO	RMED?
CERTIFIC	20a. ACCIDENT WAS UN OR CONTRIBUTING C (IF EITHER, NOTIFY MEDI	AUSE OF DEATH I	20b. DES	CRIBE HOW INJURY O	CCURRED.	(Enter nature of inju	ury in Po	rt 1 or Port	II of item 1B.)				
MEDICAL	20c. TIME OF INJURY M	onth, Doy, Yes	-			E OF INJURY (Home ry, street, office bld;		20f. (City	or town)		(County)		(Stote)
¥ [	p. m.	19	While of wor	k Ot while	1000	ry, sireer, ornice orde	y., e.c.,						•
	21. I certify that I	attended the	deceas	ed from Sen	t. 11	1059 to	, 1	Tow.	7 10 5	9 that I	last se	w the	deceased
	alive an Nov.	27	10			iccurred at 1:							
	dive dil More		, 17	22, and mar	deam	iccorred of #==			eet, city or town,		rne aa		ATE SIGNED
	ACTUAL BOL	un Po	200	ruskas		SPRING		ROVE			A T	TT	0.110-24
	SIGNATURE	acc of		1	M	D. SPILING	41	TO ATT	DIAIR IN	DSPIT	AL	135	10-10
	PHYSICIAN'S BR	MNO	R	ADHUS'I	KH_	Catons	vil]	e 28,	Marylar	nd		- "/	2/59
220.	BURIAL, CREMATION, 2 REMOVAL (Specify)	26. DATE THEREC	F	22c. NAME OF CEMI	ETERY OR	CREMATORY	2	2d. LOCATI	ON (City, town,	or county)		(Stot	e)
Re	moval, Buris	al- Nov.	30,	1950ivbryi	ew			Rich	mond.		V	irgi	nia
23.	FUNERAL DIRECTOR'S SIG	NATURE)	1	ADDRESS	1	240	. REC'D	BY REGISTR		STRAR'S S			HE I
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may be retained in the hospital or attending physicion.

TO FUNERAL DIRECTA: After this certificate has been signed by the ottending physicion and completely filled in by the peral director. page 3 should be detached for use as the buriot-transit permit. Then please remove carbon papers. Pages 1 and 2 shauld be filed with the registrar prior to buriol, cremation, or removal, and in any event within 72 hours after death. TO HOSPITAL OR AFTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after VS A1S (4) 1SM 9/S5

death. Page 4

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	THE BALTIMORE, 18		D STATE DEPARTME	MALLYNAM	
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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12331 Reg. Dist. No directa 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY o. STATE filed b. COUNTY MARYLAND M Baltimore Marvland uneral b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c, CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Pe RURAL and give nearest town) plunds Baltimore Hours Fort Howard d. NAME OF HOSPITAL (If not in hospital, give street address) the d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 22 105 N. Ellwood Avenue Veterans Administration Hospital YES NO NO gud 2 NAME OF 4. DATE Middle Yeor filled DECEASED (Type or print)Served 59 DEATH November Pages 19 IF UNDER 1 YEAR IF UNDER 24 HRS 9. AGE (In years 5. SFX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH last birthday) Months Doys Male White WIDOWED | DIVORCED papers. yrs. a 10a. USUAL OCCUPATION (Give kind af wark done during most af warking life, even if retired) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death Venetian Blind Co. Baltimore, Maryland U.S.A. and Guard pau after 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME g physician remave cark Henry Reimer Anna Lohn haurs IS. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 72 Clin. Rec. VAH, Balto 18, Md. Ft. Howard Division Yes attending 216-03-7077 edse death 1B. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH ā PART I. DEATH WAS CAUSED BY: DIABETES MELLITUS Then UNKNOWN IMMEDIATE CAUSE (a) event the 260X XXXXX þ permit. UNKNOWN MARKED GENERALIZED ARTERIOSCLEROSIS any Conditions, if any, which signed gove rise to immediate DUE TO couse (a), stating the underond lying couse lost physician. burial-transit peen CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? remaval has YES K NO de

CERTIFI 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 20c. TIME OF INJURY

Hour o. m.

23. FUNERAL DIRECTOR'S SIGNATURE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

(IF EITHER, NOTIFY MEDICAL EXAMINER) Doy, Year

20d. INJURY OCCURRED Not while at wark ot work

20e. PLACE OF INJURY (Home, form, 120f. (City or town) foctory, street, office bldg., etc.)

(Stote) (County)

21. I certify that aftended the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959, to November 25, 1959 marks and the deceased fram November 24, 1959 marks and the deceased fram November 25, 1959 marks and the deceased fram November 24, 1959 marks and the deceased fram November 24, 1959 marks and the deceased fram November 25, 1959 marks and th talive and accurred at 1:10P.M. from the causes and an the date stated above. ADDRESS (Street, city or town, state)

Maryland

ACTUAL SIGNATURE

M.D. VAH. BALTO. 18, MD. FT. HOWARD DIVISION

11/26/59

(Stote)

PHYSICIAN'S ARTHUR T. FAULK. M.D. NAME (Type)

VAH. BALTO. 18, MD. FT. HOWARD DIVISION

22d. LOCATION (City, town, or county)

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Burrial

Baltimore National

Harford Road

24g, REC'D BY REGISTRAR DEC 2 DATE

Baltimore. 24b. REGISTRAR'S SIGNATURE

FUNERAL DIRECTOR: page may 0 VS A15 (4) 1SM 9/58

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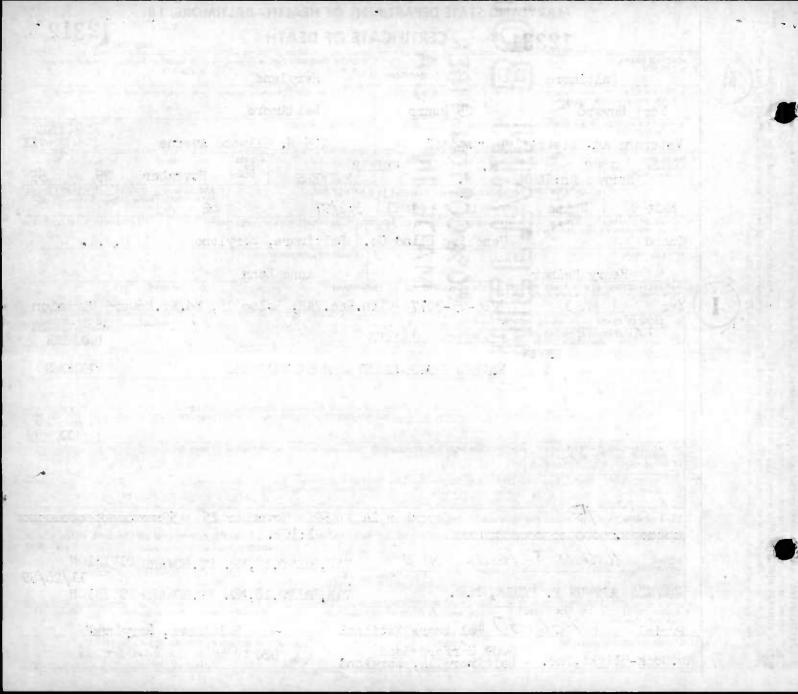
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ADING

Wm.Cook-Blight, Inc.



CERTIFICATE OF DEATH

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			1	fw	6.3	L	P	
g.	Dist.	No.			-			

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	123	52	CERTITI	יאט	L OI DEAII			Reg. Dist	No.		
PLACE OF DEATH o. COUNTY Baltimore			MARYLAN	2.	usual residence (Who syate Maryland	ere decease	d lived. If institution b. COUNTY	on: Residence	before	odmissi	on)
RURAL and give ne		s, write	c. LENGTH OF STAY IN 1	1Ь	c. CITY OR TOWN (If o					est town	)
Fort Howar			10 Days	X	616 South	40th	Street, Ba	altimo		10.056	DENICE
OR INSTITUTION	AL (If not in hospital, gi dministrati			1	616 South	Forty	-eighth S	Street			FARM?
NAME OF DECEASED (Type or print)	JOSEF		Middle A •	R	Lost EITZ	4. DATE OF DEATH	Novembe		Day 24		9 59
SEX	6. COLOR OR RACE	7. MARR	IED NEVER MARRIED	8. D.	ATE OF BIRTH		9. AGE (In years last birthday)	IF UNDER 1	-	-	
Male	White	WIDOWI	DIVORCED	J	une 7, 1892		67 yrs.	Months D	ays	Hours	Min.
usual occupation during most of work Inspector	ing, life, even if retired)		KIND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Store Baltimore				S.		OUNTRY?
FATHER'S NAME				14	MOTHER'S MAIDEN N	AME					
George Re	itz			3 1	Carrie Sm	nith					
	R IN U. S. ARMED FORCE (If yes, give war or dates of se WW I	rvice)	17-07-7313		.Rec.,VAH,	Balto	. 18. Md.		How	ard	Div.
422.1 Canditians, if ar gave rise to in cause (a), stating lying cause last.	m mediote (DUE TO		DIAC ARRHYTE		RDIOVASCULA	AR DIS	EASE		10	DAY	S
			CONTRIBUTING TO DEATH	BUT NO	RELATED TO THE TERMI	NAL DISEAS	E CONDITION GIV	EN IN PART		PERFO	AUTOPSY RMED? NO 🍱
20a. ACCIDENT WA OR CONTRIBUTING (IF EITHER, NOTIFY	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	20b. DES	CRIBE HOW INJURY OCCU	JRRED. (E	nter nature of injury in I	Part I ar Par	t II of item 18.)				. 5
20c. TIME OF INJUR Hour a. m. p. m.	Y Manth, Day, Yea	r 20d. II While at war	Nat while		OF INJURY (Hame, farm street, affice bldg., etc.		ar tawn)	(Co	ounty)		(State)
	ohn W	Cr	ed from Novemb XXXX and that de auffred M.D.	eath oc	WAIL DATES	M, fram ADDRESS (S	the causes on treet, city or town, FT . HOWAF	d on the state)	date:	stoted	obove signer
8URIAL, CREMATIO REMOVAL (Specify)		F	22c. NAME OF CEMETER				TION (City, town,		3	(State	:)
Burial FUNERAL DIRECTOR GE AWED	e a Web	er Home	St. Stanis ADDRESS .705 S. Ann		24g. REC'	OV 25	RAR 24b. REGI	stran's sign	NATURE		

Home, 705 S. Ann St. Balto Mente

After this certificate has been signed by the attending physician and campletely filled in by the Yoneral directar, hed far use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauly be filed with IDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after Then please remave carban papers. the registrar priar ta burial, crematian, ar remaval, and in any event within 72 haurs after death page 3 shauld be detached far use as the burial-transit permit. haspital ar attending physician. TO FUNERAL DIRECTOR: MOSPITAL OR A

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MEDICAL CERTIFICATION

23.

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VS A15 (4) 1SM 9/S8

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Fill of Earth of Cartin County County

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

ON A FARM?

YES NO T

Year

19

Days

12. CITIZEN OF WHAT COUNTRY?

INTERVAL BETWEEN ONSET AND DEATH

week

vears

(County)

PERFORMED? YES NO

(State)

DATE SIGNED

(State)

attending physical size of the VS A15 (4) 15M 9/5B

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#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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1	RU	0	L	1)

1) 7

í	12334	Reg. Dist.	No.
	1. PLACE OF DEATH	2. USUAL RESIDENCE (HOME) OF DECEASED	
	COUNTY Baltimore County MARYLAND	STATE M. COUNTY P.	Genoa
	CITY (If outside corporata limits, write RURAL LENGTH OF STAY OR and give nearest town) (in this place)	CITY (If outside corporate limits, write RURAL and give neers:	st fown)
ı	TOWN Mt. Wilson, Md.	TOWN Suit land	16 X - 2
2	HOSPITAL OR INSTITUTION OR	STREET (If rurel give locetion)	0
2.	STREET ADDRESS Mt. Wilson State Hospital	2315 Wingate	road
1	3. NAME OF (First) (Middle) DECEASED	O . OF	(Dey) (Yeer)
	(Type or Print) queille Carrola	Nobinson DEATH II	10 1959
	5. SEX 6. COLOR OR 7. SINGLE, MARRIED, 8. DATE OF WIDOWED, DIVORCED,	F BIRTH 9. AGE lest birthdey IF UNDER 1	YEAR   IF UNDER 24 MRS
	(Specify) S /U-2	-3-1722 ) yrs.	
	dona during most of working life, even if OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 12.	CITIZEN OF WHAT
	13. FATHER'S NAME	-outo Carolina	45H
	IS. FAIRER'S NAME	14. MOTHER'S MAIDEN NAME	
	15. WAS DECEASED EVER IN U. S. ARMED FORCES?   16, SOCIAL SECURITY NO.	Lefly Carron	1
ı	(Yas, no Frunt) (If Yas, give war or deles of service) 747-65-293	17. INFORMANT & ADDRESS Hospital Rec Mt. Wilson State Hospital	ords
H	1 (0)	TIFICATION TIFICATION	INITERVAL REYMISEN
Ī	I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		ONSET AND DEATH
	1343 IMMEDIATE CAUSE (A) Septic	emia	
ı	ANTECEDENT CAUSE(S) DUE TO	allie c (may 1) cil	
ı	DISEASES OR CONDITIONS, IF ANY, (B) GIVING RISE TO THE ABOVE CAUSE STATING UNDERLYING CAUSE LAST DUE TO	aroncans (monitiaris)	
	(C)		
1	TO THE SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE	nam abcess	
1	DISEASE OR CONDITION CAUSING DEATH.	rary a	
ı	196. DATE OF OPERATION 196. MAJOR FINDINGS OF OPERATION	a alscoss	20. AUTOPSY? YES NO V
		WHERE DID INJURY OCCUR? (City or town) (County	
	(IF EITHER, NOTIFY MEDICAL EXAMINER)	V	
	While Not while	21f. HOW DID INJURY OCCUR?	
	M. at work U et work U		
,	22. I hereby certify that I attended the deceased from		
2	alive on	ADDRESS (Street, city, town, state)	above.
2	Wm. Newcomer. Su	perintendent, Mt. Wilson, Md.	DATE SIGNED
ņ	23 BURIAL CREMATION, DATE THEREOF NAME OF CEMETERY OR	CREMATORY LOCATION (City town, or county)	(Stata)
Aloc	(REMOVA) (SPECIFY) Jim-13. 3-9 / 1/ of m ann	dina Biras / Beturnere,	ud.
2	24. REC'D BY REGISTRAR REGISTRAR'S SIGNATURE	25. FUNERAL DIRECTOR'S SIGNATURE	DDRESS
	DATE NOV 1 7 '59 Orthur S. Kings	Farmak H Meusell 1	

AL ALVIAND STATE DEPARTMENT OF MARKIN-PARTMENTS IN

## CERTIFICATE OF DEATH

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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null are told and	

VS A15 (4) 15M 9/5B

12317 Reg. Dist. No.

	PLACE OF DEATH  1. COUNTY  Baltimane  MARYLAND	2. USUAL RESIDENCE (M		f institution: Resident	timone
	o. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (IF	autside carporate limit	s, write RURAL and g	give nearest town)
	3. NAME OF HOSPITAL (If not in hospital, give street address) OR INSTITUTION  8104 Hillendale Rd.	d. STREET ADDRESS	Hillenda	le Rd.	e. IS RESIDENCE ON A FARM? YES NO.
	NAME OF DECEASED Type or print)  Louise G. (Lula) Roet	tger	4. DATE OF DEATH	Nov.	Day Year 10 1959
5. 5	6. COLOR OR RACE 7. MARRIED NEVER MARRIED DIVORCES White WIDOWED DIVORCES D	6-25-1904	9. AGE lost b	(In years IF UNDER irthdoy) Months yrs.	Days Hours Min.
	OUSUAL OCCUPATION (Give kind of work dane during most of working life, even if retired)  At home	Maryla	nd	12. CITI	USA
	George Goodrich		own		
	WAS DECEASED EVEN IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 217-20-6667	Alroy L. R	oettger	Address A an	ne
	18. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]  PART 1. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)  DUE TO  Conditions, if any, which gove rise to immediate cause (a), stating the under- lying cause lost.  (c)	Llouber Occ	Infare	tin	INTERVAL BETWEEN ONSET AND DEATH
CERTIFICATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT	LVD,		15	19. WAS AUTOPSY PERFORMED? YES NO
	20a. ACCIDENT WAS UNDERLYING CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)		2		
MEDICAL		ACE OF INJURY (Home, for ctory, street, office bldg., et		(6	County) (State)
	21. I certify that I attended the deceased fram March alive on 10, 1959, and that death  ACTUAL SIGNATURE  PHYSICIAN'S NAME (Type)  TO SED F. hi	1959, ta.) 1 accurred at 3:30  M.D. 8400	PM, fram the ca ADDRESS (Street, city LVL RS	uses and an the	DATE SIGNED
220	BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY CREMOVAL (Specify)  11-13-59  New Catheology	or CREMATORY	22d. LOCATION (Cit	ty, town, or county)	Nd. (Stote)
23.	FUNERAL DIRECTOR'S SIGNATURE  Leonard J. Ruck 5305 Harford Ra			Cuthun S.	

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

ettin first onderla Ra. 1991 – otub Kirrondala Per Louisa S. (Luka) Rockleds 100. constant militar men a mereben server server server server Many land 3903 30 General Goodsich - Nox Woods P. 217-20-467 Alsoy L. Societies Lance of the Landson of M. A. 

VS A1S (4) 15M 9/58

#### MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 12337

**CERTIFICATE OF DEATH** 

12318
Reg. Dist. No.

1. PLACE OF DEATH o. COUNTY  BAL	TIMORE	MARYLAND	2. USUAL RESIDENCE a. STATE	(Where deceased I	lived. If institution: b. COUNTY	D	ore admission)	
b. CITY OR TOWN (If outside co RURAL ond give nearest tawn)		LENGTH OF STAY IN 16	1/00	(If outside corporo	te limits, write RUR		11 11 11 11 11	-
d. NAME OF HOSPITAL (If not in	RES.	mee)	d. STREET ADDRES		17 7		e. IS RESIDEN	NCE
OR INSTITUTION	n naspital, give street addi-	ess <i>)</i>	8612 1	6	PELPHIA	Past.	ON A FAR	RM?
3. NAME OF	First	Middle	Last	4. DATE	Month	D	ay Year	_
(Type or print)	ARY		ROHE	OF DEATH	Nov	21	-	
S. SEX 6. COLOR	R OR RACE 7. MARRIED	NEVER MARRIED	B. DATE OF BIRTH	9		Months Days	-	HRS.
FEMALE WH	ITE WIDOWED	DIVORCED	JUNE 12,	1860	99 yrs.	nomins Days	Hours	win.
<ol> <li>USUAL OCCUPATION (Give kinduring most of working life, ev</li> </ol>	nd of work dane 10b. KINE	OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (S	itate or foreign cou	ntry)	12. CITIZEN O	F WHAT COU	NTRY7
HOUSEWIFE		DUSEWIFE	MARY	LAND	- 1 N	O.	S.A.	
13. FATHER'S NAME			14. MOTHER'S MAID	EN NAME				
WILLIAM. N	11LLER		MATHIL	DA C	NKNOW	D.		
13. WAS DECEASED EVER IN U. S.	ARMED FORCES? 16. SOC or or dates of service)	IAL SECURITY NO.	NFORMANT		Address			
No		ONE	PETER	ROHE	Kiuge	SYILLE	MD.	
18. CAUSE OF DEATH [Enter	only one cause per line fo	r (a), (b), and (c).]				INI	ERVAL BETWE	EEN
PART I. DEATH WAS C	AUSED BY:	ulmoman	in eder	-0		O I	JET AITO DE	3111
450.0	DUE TO		3					
Conditions, if ony, which		meralized	1 anter	ioseleno	51'5			
gave rise to immediate couse (o), stoting the under-	DUE TO							
lying couse last.	(c)							
PART II. OTHER SIGNIF	ICANT CONDITIONS <u>CON</u>	rributing to death bu'	NOT RELATED TO THET	ERMINAL DISEASE	CONDITION GIVEN	I IN PART 1(o)	19. WAS AUTO PERFORME YES NO	ED3
20a. ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE (IF EITHER, NOTIFY MEDICAL E	OF DEATH!	HOW INJURY OCCURRE	D. (Enter nature of injury	y in Part I or Port I	II af item 1B.)			
20c. TIME OF INJURY Manth, Hour a. m. p. m.	Doy, Year 20d. INJUR While of work	Not while fo	ACE OF INJURY (Home, ctory, street, office bldg.		or town)	(Caunty		(State)
21. I certify that I atte	nded the deceased t	fram Oct.	27, 199, to	Oct. ?	7, 1959th	at I last sa	w the dece	easec
alive an Oct.	27 1959	, and that death	accurred at 10					
	100				et, city or town, sto		DATE SI	
ACTUAL SIGNATURE	mul It	~ · · · · · · · · · · ·	M.D.					
NAME (Type) Samuel	Stern, M.C	).		Ridge R	oad, Bali	timore	6, Md.	•
22a. BURIAL, CREMATION, 22b. D.	ATE THEREOF 22	c. NAME OF CEMETERY C	R CREMATORY	22d. LOCATIO	ON (City, town, or o	county)	(State)	
REMOVAL (Specify)	C 1,1959	PARKWOO	D.	PA	RKVIL	LE	MD.	
23. FUNERAL DIRECTOR'S SIGNATU	IRE 011	ADDRESS	7 0 → 240.	REC'D BY REGISTRA	AR 24b. REGISTR	AR'S SIGNATU	IRE	
Jassaln tun	real Home	1401 Below	Kored & DATE	DEC 4 '59	C-11	2 9 4		

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# MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2338	CERTIFICATE	OF	DEATH
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Reg. Dist. No. 12319

	1. PLACE OF DEATH  o. COUNTY  Balto			MAR	RYLAND	2. USUAL RES. a. STATE	IDENCE (Wh.	ere deceased	d lived. If instituti b. COUNTY		e before	admissi	ion)
	b. CITY OR TOWN (If RURAL and give ne		its, write c.	LENGTH OF STA	Y IN 1b		TOWN (IF o		rote limits, write R	URAL ond g	ive near	est town	)
	d. NAME OF HOSPITA OR INSTITUTION	AL (If not in hospital, g	give street addr	ess) Ave		d. STREET		re					FARM?
		irsing Home	2-301 W	. Chesar	beake	30	008 Dul	bois A	lve. #1	4		YES 🗍	NO 🗌
	3. NAME OF DECEASED (Type or print)	Fii MAM		Middl		ROLAND	ist	4. DATE OF DEATH	Mor Nov.		Day		reor 19 59
ł	S. SEX	6. COLOR OR RACE	7	NEVER MARK	-	B. DATE OF BIRT	ГН	-	9. AGE (In years	IF UNDER	1 YEAR I		
	female	white	WIDOWED 5	DIVORC	ED 🗆	Aug. 1]	1, 187		last birthday) 83 yrs.	-		Hours	Min.
	10a. USUAL OCCUPATIO during most of work Homemaker	ing lite, even it retired	done 10b. KIN	D OF BUSINESS	OR INDUS	TRY 11. BIRTHP	_	or foreign co	ountry)	12.CITI2	ZEN OF V	VHATC	OUNTRY?
Î	13. FATHER'S NAME					14. MOTHER'S	S MAIDEN N	AME					
	John Wes.	ley Spicer				Ma	ary E.	Kroh					
Л	15. WAS DECEASED EVER	IN U. S. ARMED FOR		IAL SECURITY N	O. IN	FORMANT			Add	ress			
П	(Yes, no. or unknown)	If yes, give war ar dates of s		no	Mo	rs. Vern	ne Van	dusen	- 3008 I	ehois	e Av	e.	
		TH [Enter only one co TH WAS CAUSED BY: IMMEDIATE CAUSE (c	Mari	or (o), (b), and (c	lis	Card	in Vas	culor	- dhise	ue	INTER	VAL BET T AND	TWEEN DEATH
	422.1	DUE TO	-			Consider			1			1	
	Conditions, if or gove rise to in		)	V									
	couse (o), stoting t												
	Z lying cause last.	ER SIGNIFICANT CON	DITIONS CON	TRIBUTING TO D	EATH BUT	NOT BELATED TO	O THE TERMI	NAL DISEASE	E CONDITION OF	(ENLINE DA DE	1/-> 10	VALAC A	ALITOPSY
1	OF LAKE III. OIL	ER SIGNIFICANT CON	DITIONS CON	I KIBUTING TO D	EAIN BUI	NOT KELATED I	O THE TERMIN	NAL DISEASI	E CONDITION GI	EN IN PARI	` '	PERFO	RMED?
	200. ACCIDENT WA	S HINDERLYING T	20h DESCRIB	E HOW INJURY	OCCUPPED	/Fater nature	of injury in F	Port Lar Pari	t II of item 18 )			YES 🗌	NO P
	OR CONTRIBUTING	CAUSE OF DEATH MEDICAL EXAMINER)	200. DESCRIB	E HOW HAJORI	OCCURRE	, tenier notore	or injury in r	on rarran	i ii oi iieii io.,				
	Y 20c. TIME OF INJURY Hour o. m. p. m.	Manth, Day, Ye	ar 20d. INJUR While at wark	Not while	20e. PLA	CE OF INJURY tory, street, office	(Home, farm, ce bldg., etc.	, 20f. (City	or town)	(C	ounty)		(State)
	21. I certify the	at I attended the	deceased	fram OcX	21	19.59	, to	Vor 1	19-19	that I las	st snw	the de	eceased
-	alive an	w. 11	19 1	2	t death	accurred at	51157	M. fram	the causes ar				
1			04	21		1 .		ADDRESS (S)	feet, city or town,	stote)		DATI	E SIGNED
,	ACTUAL SIGNATURE	usuus	C. /	osh		M.D. 68	050	Josh	Kd.				
	PHYSICIAN'S NAME (Type)	HRENCE	C.7	Post		B	elle	non	/	2_		no	1
	220. BURIAL, CREMATION REMOVAL (Specify)	11/14/55	OF 22	Lorrain					TION (City, town,			(Stote	e)
- 1	23. FUNERAL DIRECTOR'S	SIGNATURE	· Yx	ADDRESS	Bal	to.17,		BY REGIST		STRAR'S SIG	4 -		
·	1				1	ma		1/4-1					

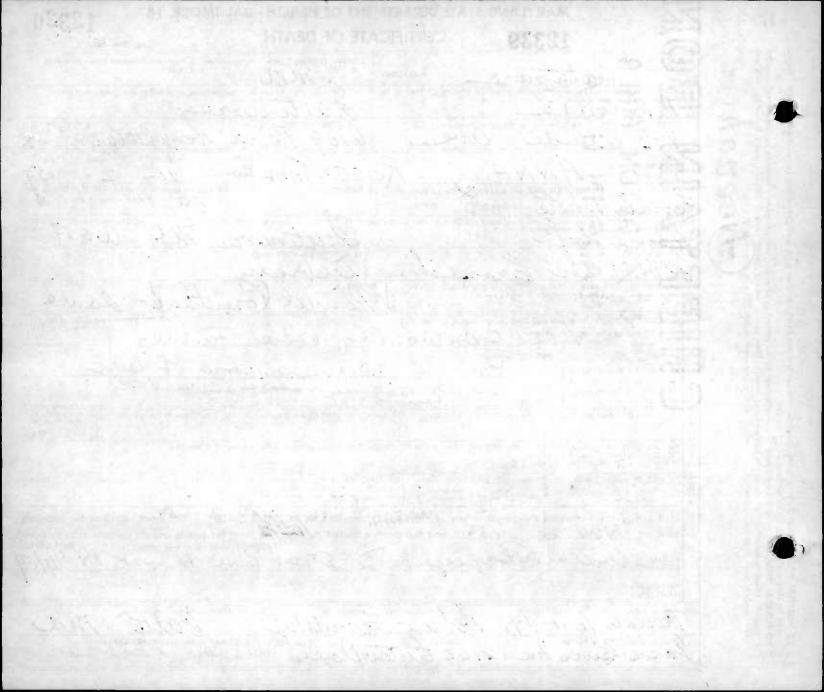
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Section 1		A such		

L	14003	Reg. Dist. No.
1	o. COUNTY Battimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RUP) L ond give nearest town)	c. gry OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If not in hospital give streat address) use	6. STREET ADDRESS Park Heights are is residence on a FARM? YES NO
13	3. NAME OF DECEASED (Type or print) ANA - RC	SENTHAL 4. DATE Month Day Year OF DEATH //- Z - 1959
Į.	Female White WIDOWED   DIVORCED	8. DATE OF BIRTH  9. AGE (In years lost biglings)  9. AGE (In years lost biglings)  Months Doys Hours Min.
L	100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUS	buttimore mo wo
1	Abraham Cronenberg	Debrah
	15. WAS DECEASEDEVER IN U. S. ARMED FÖRCÉS? (Yes, no, or unknown) (If yes, give war or dates of service)	Jamuel Rosenthal - Same
	1B. CAUSE OF DEATH [Enter only one couse per line for (o), (b), ond (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)	espiestre, tailues interval Between onset and Death
	Conditions, if ony, which gove rise to immediate  (b) Parmary A	devo CARCINOMA OF LUNG.
	couse (o), stoting the under- lying couse lost.  DUE TO  (c)	ing metastasis to seek
	CATIC	NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO
		D. (Enter noture of injury in Port I or Port II of item 1B.)
		ACE OF INJURY (Home, form, 20f. (City or town) (County) (State) tory, street, office bldg., etc.)
	21. I certify that I attended the deceased fram MORCH alive an NOV 2, 1959, and that death	2, 1956, 10 2 2 , 1957, that I last saw the deceased accurred at 0 -1/M, fram the causes and an the date stated above
	ACTUAL SIGNATURE Corleand Copperfeed of	ADDRESS (Street, city or town, stote)  DATE SIGNED  ADDRESS (Street, city or town, stote)  DATE SIGNED
	PHYSICIAN'S NAME (Type)	0
-	220. BYNIAL, CREMATION, 22b. DATE THEREOF TOWN OF CEMETERY OF THE TOWN OF THE	REREMATORY 22d. LOCATION (City Jown, or county) (State)
2	23. Wheral director's signature for 2100 Entar	2 Place 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE ONTHAY S. Krous

TO HOSPITAL OR ACCOUNTS after this certificate has been signed by the attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 haurs after deoth.

VS A15 (4) 15M 9/5B



12321

#### CERTIFICATE OF DEATH

	2340	OEKIII 10	AIE OI DEAIII	Reg. Dis	it. No.			
1. PLACE OF DEATH			2. USUAL RESIDENCE (Where deced		ce before admission)			
a. COUNT	Baltimore	MARYLAND	o. STATE	b. COUNTY Balt	imore			
b. CITY OR TOWN	N (If outside carporate limits, write	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside co	rporate limits, write RURAL and g	The state of the s			
RURAL ond give	e nearest town)			The second secon				
Rural Re	PISTERSTOWN SPITAL (If not in hospital, give stre	at address)	Rural Reiste:	rstown	e. IS RESIDENCE			
OR INSTITUTIO	N (If not in hospitol, give stre	er address)	d. STREET ADDRESS		ON A FARM?			
			81 Hanover Ro	ad	YES NO			
3. NAME OF	First	Middle	Lost 4. DAT	E Month	Day Year			
(Type or print)	James	G	ROSS OF DEA	TH November 3	30. 1950			
S. SEX		RRIED NEVER MARRIED	8. DATE OF BIRTH	9. AGE (In years IF UNDER	I YEAR IF UNDER 24 HE			
37	7.77 4.1		1 70 7000	lost birthdoy) Months	Doys Hours Min.			
Male	AATT OO		March 12,1886	73 yrs.				
during most of w	Varking life, even if retired)	b. KIND OF BUSINESS OR INDU	JSTRY 11. BIRTHPLACE (State or foreig	n country) 12. CIII2	ZEN OF WHAT COUNTR			
C 1 .	nason	Retired	Maryland	U.	S.A.			
13. FATHER'S NAME			14. MOTHER'S MAIDEN NAME					
Joh	n R Rocc		Margaret B	vrns				
	EVER IN U. S. ARMED FORCES?	6. SOCIAL SECURITY NO	INFORMANT	Addises 7 7	. MA			
(Yes, no, or unknown)	(If yes, give war or dates of service)				.7			
No	None 12	212416-4021 M	irs. Margaret R	. Crouse, 1062	4 Reister			
18. CAUSE OF D	DEATH [Enter only one cause per	line for (o), (b), ond (c).]			ONSET AND DEATH			
PART I. D	DEATH WAS CAUSED BY:	Cananana Mha	ombosis					
IMMEDIATE CAUSE (o) GOPORELY THEOMOGSES								
420.	DUE TO			2 21				
Conditions, if	(0)	teriosclerot	ic Cardio Vascu	llar Disease	years			
gave rise to couse (o), statis	DILETO							
lying couse la								
Z PART II. C		S CONTRIBUTING TO DEATH BUT	T NOT RELATED TO THE TERMINAL DISE	ASE CONDITION GIVEN IN PART	(a) 19. WAS AUTOPS			
PART II. C					PERFORMED?			
<u> </u>				2 . 11 . 6 12 . 20 1	YES NO			
OR CONTRIBUTION	NG CAUSE OF DEATH	SCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in Port I or	Port II of item 18.)				
	IFY MEDICAL EXAMINER)							
20c. TIME OF INJ	JURY Month, Day, Year 20d		LACE OF INJURY (Home, form, 20f. (	City or tawn) (C	County) (Stot			
Hour o. n	10	ie idol Mille	octory, street, office bldg., etc.)					
₹ p. n	m. '' of w	ork ot work	41 =					
21. I certify	that I attended the dece	ased fram July	19 54 to Novem	1ber 3,01959 that I la	st saw the deceas			
	ov. 21 10	FO	n accurred at 11 A.M., fra					
dilve dil	, 12	z, und mar dean		m the causes and on the (Street, city or town, state)	DATE SIGN			
ACTUAL	7M 4CC+				DATE SIGN			
SIGNATURE	Martin & SU	whel	M.D. 48 Main St	reet	12-1-5			
BUVEIGUANIA			Dad -t	Man-7 2				
PHYSICIAN'S NAME (Type)	Martin E. Str	obel M.D.	Reistersto	own, Maryland				
	TION, 22b. DATE THEREOF		224 10	CATION (City, town, or county)	(State)			
REMOVAL (Speci	ify)	22c. NAME OF CEMETERY			(Stote)			
Burial	Dec. 2, 1959	Druid Ridg	e Cemetery   P:	ikesville 8.	Md.			
23. FUNERAL DIRECTO	OR'S SIGNATURE	ADDRESS	24g. REC'D BY REC					
Mahall	H. Manxol	(4. Harris 1)	028 MA DATE	C 3 '59 Arth	a S. Thank			
- Mull	11 Heller	LAUGUEL	TO ING					

TO HOSPITAL OR LEGNDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours of the death. Page 4 may be retained the haspital or ottending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the ottending physician and campletely filled in by the funeral director, page 3 shauld be detached for use as the buriol-transit permit. Then please remove carban papers. Pages 1 and 2 should be filled with the registrar prior to buriol, crematian, ar removal, and in any event within 72 haurs after death. INDING PHYSICIAN: The low requires that the deoth certificote be executed within 24 hours of

VS A15 (4) 1SM 9/S8

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STATE OF STATE OF BUILDING STATE OF STA

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) Filed . o. COUNTY Baltimore b. COUNTY MARYLAND Baltimore Paruland b, CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) should Baltimore 12. Md. The Alameda timore - rura d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET-ADDRESS e. IS RESIDENCE OR INSTITUTION Armacoat Nursino Home YES NO pup 2 NAME OF First 4. DATE Middle Lost Month Day Yeor Minna DEATH (Type or print) Vovemben 1950 6. COLOR OR RACE 7. MARRIED NEVER MARRIED S. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. B. DATE OF BIRTH last birthday) Months Days remale WIDOWEDA DIVORCED T 100. USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Housewile pup Baltimore Marylana 13. FATHER'S NAME 14 MOTHER'S MAIDEN NAME Alexander Mathison Mary Robinson 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no or unknown) (If yes, give war or dates of service) Mrs Mary D. Montague none 18. CAUSE OF DEATH [Enter only one couse per line for Jo), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gove rise to immediate DUE TO couse (o), slating the underlying couse lost. (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES 🗍 NO -200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port 1 or Port 11 of item 18.) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or town) (County) (State) foctory, street, office bldg., etc.) Hour o. m. While Not while of work at wark 21. I certify that Lattended the deceased from CS 3. 19V Z that I last saw the deceased and that death accurred at Co M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) DATE SIGNED ACTUAL nay be retained FUNERAL DIREC Pe shauld PHYSICIAN'S NAME (Type) 3 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (State) greenmount emeteri Varuland 10 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

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VS A1S (4) 15M 9/55

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-			-	ar its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.
vs	A	151	1 TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of the	
20	M C	215	7	
21	W ?	4/3	/	

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FOR STATE HEALTH DEPT.
HEALTH DEPT.

### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

1	2	3	2	3	

PLACE OF DEATH   CO.   MARYLAND   C. LENGTH OF STAT IN 10   C. CETY OF TOWN (If whild excepted limit, write RURAL and give necret lown)   Shart   MARYLAND   C. CETY OF TOWN (If whild excepted limit, write RURAL and give necret lown)   Shart   MARYLAND   C. CETY OF TOWN (If whild excepted limit, write RURAL and give necret lown)   Shart   Maryland   M		193	49				Reg. Dis	it. No.	
BALLIMORE CO. MARYLAND 6. SINCE MARYLAND 6. SINCE STATE IN 18 D. CHIP of the make deposite timis, write RURAL and give nearest town)  Sparrows Point (19)  d. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  Pathlehem Steel Inf.  3. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sivest address)  1. NAME OF HOSPITAL OR INSTITUTION (if not in heapitol, give sives)  2. NAME OF HOSPITAL SAMMINER (INC.)  2. NAME OF HOSPITAL SAMMINER (INC.)  2. NAME OF HOSPITAL SAMMINER (INC.)  2. NAME O		7190	210		2. USUAL RESIDENCE (	Where deceased lived.	. If institution: Resider	nce before admission)	
SPATPOWS POINT (19)  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give sirest address)  POINT (I'm of in hospital, give sirest address)  J. STREET ARKE OF HOSPITAL OR INSTITUTION (if not in hospital, give sirest address)  J. STREET ARKE OF HOSPITAL OF HOSPITAL OR INSTITUTION (if not in hospital, give sirest address)  J. SAME OF COLOR OR RACE [7. MARRIED OF HOSPITAL STREET OF HOSP	o. COUNTY	ALTIMORE	= Co	MARYLAND	O. STATE MAI	RYLAND.	COUNTY BH.	LT.	
A NAME OF MOSPITAL DE INSTITUTION (If not in hospital, give siveet address)  Bethlehem Steel Inf.  30 14 LBERTY (ARKUAY)  FIRST INCE  BOATE  OF DECARD  FIRST  FRANCIS RANCIS RANCE INF.  SARE COLOR OR RACE  FIND OF BUSINAS OF INVER MARRIED IN EVER MARRIED IN DATE OF BIRTH  Male  White  Whote  Whote  Whote  Whote  Whove  Inc. MIND OF BUSINAS OR INDUSTRY 11. BIRTHPLACE (Stote or feeign country)  Johnstown, Penna.  12. CITIZEN OF WHAT COUNTRY?  JOHNSTOWN, Penna.  13. FATHER'S NAME  MEDY RUSSELL  IS. WAS DECCASED EVER NO. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  TR. W. WOTHER'S MARRIED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  TR. W. WOTHER'S MARRIED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  TR. W. WOTHER'S MARRIED IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT  TO  18. CAUSE OF DEATH [Enter only one cours per lips for (o), (b), and (c)]  PART I, DEATH WAS CALISED BY.  WHAT CALISE OF DEATH [Enter only one cours per lips for (o), (b), and (c)]  PART I, DEATH WAS CALISED BY.  WHAT COUNTRY DUE TO  Condition. If any, which  GOVERNOUS CONTRIBUTION TO DEATH U. TO RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED.  THE HILL OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH U. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED.  TO DUE TO  COUNT INT.  19. PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH U. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED.  PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTION TO DEATH U. TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY  PERFORMED.  20. EVERENAL CALISE WAS AUTOPSY  PERFORMED.  21. I certify that I look charge of the remains described above, held an Autopsy Inspection Inquiry Indicated and the country Indicated Autopsy Inspection Inquiry Indicated AND INC.  220. EVER DAY OF THE COUNTRY INC.  221. I CERTIFY MEDICAL EXAMINER ID  DAY OF THE PROPERTY SECURITY INC.  PERFORMED.  PA	b. CITY OR TOWN III and give nearest fown	autside carporate limits, write	RURAL	c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (I	f outside carporate li	mits, write RURAL and	give nearest lown)	
Bethlehem Steel Inf.  3. NAME OF MISSION COLOR RACE   7. MARRIED   Middle   DOLLAR   STEEL   DOLLAR   STEEL   DOLLAR   STEEL   DOLLAR   STEEL   DOLLAR   STEEL   DOLLAR   STEEL   DOLLAR   DOLLAR   STEEL   DOLLAR   DOLLAR   STEEL   DOLLAR   DOLLAR   STEEL   DOLLAR   DO	Sparrows	Point (	19)		53 Dundalk	(22)			
NAME OF   STEEL INT   STEEL			f not in hosp	ital, give street address)	d. STREET ADDRESS			TILLE. IS RESIDENCE	
DECLARATION  S. SEX  S. COLOR OR RACE    ARTHER   ARTHUR   ARTHUR		Steel Ir	if.		3014	LIBERTY	124RKWA		
S. SEX   S. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   9. AGE in your life UNDER 124 MED.	3. NAME OF DECEASED					OF.	Month	Day Year	
Male White WIDOWED DIVORCED February 13,190 Individent Doys Mount Min.  100. USUAL OCCUPATION (Give kind of work done)  100. USUAL OCCUPATION (Give kind of work)  100. Address MAIDEN NAME  Mary Russell  100. Social Security No.  110. NOTEMANT  Address  110. Address  110. SAMEDIAT CAUSE (Give kind of work)  110. Conditions, if ony, which gove its to immediate course per law for (Give kind of work)  110. Conditions, if ony, which gove its to immediate course  110. DEATH WAS CAUSED BY:  110. SOCIAL SECURITY NO.  110. NOTEMANT  110.	(Type or print)	CHAR	LES	FRANCIS	KYAN, SF	DEATH	11 -	8-1959	
Male white whole bovered bovered where the whole of the whole of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if refired and fore of the working life, even if the working of the working life, even if the life life life life life life life lif	5. SEX	6. COLOR OR RACE	7. MARRIED	NEVER MARRIED   8	DATE OF BIRTH	9. AGE	thelen)		
Johnstown, Penna   USA	male	white	WIDOWED	DIVORCED	ebruary 13		Monnis E	Poys Hours Min.	
Tarther's name	100. USUAL OCCUPATION	ON (Give kind of work	Jone 10b. Kli	ND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (Slote	or foreign country)	12. CITIZ	EN OF WHAT COUNTRY?	
18. WAS DECEASED EVER IN U.S. ARMED FORCES? THE NEW AND INCOMPANY  19. WAS DECEASED EVER IN U.S. ARMED FORCES? THE NEW AND INCOMPANY  19. WAS DECEASED EVER IN U.S. ARMED FORCES? THE NEW AND INCOMPANY  19. CAUSE OF DEATH [Enter only one cours per jibs for (o), (b), and (c).]  19. CAUSE OF DEATH [Enter only one cours per jibs for (o), (b), and (c).]  19. CAUSE OF DEATH (Enter only one cours per jibs for (o), (b), and (c).]  19. CAUSE OF DEATH (Enter only one cours per jibs for (o), (b), and (c).]  19. CAUSE OF DEATH (Enter only one cours per jibs for (o), (b), and (c).]  19. COMMITTING CAUSE (o)  19. COMMITTING CONDITIONS CONTRIBUTING TO DEATH-BUT PLOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY OF CREMENT OF CONTRIBUTING (COURSE)  19. CAUSE OF DEATH.  20. EXTERNAL CAUSE WAS PRIMARY (a) or CONTRIBUTING (c) DEATH-BUT PLOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (CAUSE OF DEATH).  20. EXTERNAL CAUSE WAS PRIMARY (a) or CONTRIBUTING (c) DEATH-BUT PLOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (C) THE CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (C) THE COURSE OF CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (C) THE COURSE OF CONTRIBUTION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (C) THE COURSE DISEASE (C) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED PROPERTY (C) THE COURSE DISEASE (C) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. THE	Foreman-E	last Furr	ace	Steel	Johnston	n, Penna.	U	SA	
18. WAS DECEASED EVER IN U. S. ARNEO FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   Address   Same as #2									
18. WAS DECEASED EVER IN U. S. ARMED FONCES?  (Pre. ne, or unknown)  (If ym., give wor or dottes of service)  19. CAUSE OF DEATH [Enter only one coute per lise for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY.  (IMMEDIATE CAUSE (o)  DUE TO  Conditions, if ony, which gove rise to immediate couse (c), stoling the underlying coute last.  (c), stoling the underlying couse last.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH-BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II(o) 19. WAS AUTOPSY PERFORMED YES NO PART II. OTHER SIGNIFICANT CONDITION GIVEN IN PART II. OTHER III. OTH	Mi	cheal Rya	an		Mary Ru	ussell			
18. CAUSE OF DEATH   Enter only one course per list for (o), (b), and (c).]   PART II. DEATH WAS CAUSE (o)	15. WAS DECEASED EV	ER IN U. S. ARMED FO		OCIAL SECURITY NO. 17. IP	FORMANT		Address		
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SIGNATURE  EXAMINER'S  NAME (Type)  220. BURIAL CREMATION.  REMOVAL (Specify)  Burial  23. FUNERAL DIRECTOR'S SIGNATURE  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  22d. LOCATION (City, Iown, or county)  ASSISTANT MEDICAL EXAMINER  DEPUTY MEDICAL EXAMINER  22d. LOCATION (City, Iown, or county)  Stote)  Meadowridge Memorial  APDRESS  246. REC'D BY REGISTRAR'S SIGNATURE  APDRESS  246. REC'D BY REGISTRAR'S SIGNATURE	Conditions, if o gove rise to immer (o), stoting the couse last.  PART II. OTH  PART III. OTH  PART II. OTH  PART III. OTH  PAR	DUE TO  ny, which diote couse underlying  DUE TO  DUE TO  DUE TO  CC)  DUE TO  DUE TO  DUE TO  CC)  DUE TO  DUE TO  CC)  DUE TO  CC)  DUE TO  DUE TO  CC)  DUE TO  DUE TO  DUE TO  TO  DUE TO  TO  DUE TO  TO  TO  TO  TO  TO  TO  TO  TO  TO	b. DESCRIPT  20d. IN White of work	HOWNJULY OCCURRED EN PLACE Sold work and sold about the sold about	OT RELATED TO THE TERM  nler noture of injury in Por  E OF INJURY (Home, form ry, street, office bldg., etc.  ve, held an Autops	INAL DISEASE CONDI	on Inquiry	1(a) 19. WAS AUTOPSY PERFORMED YES NO	
Burial 11/11/59 Meadowridge Memorial Dorsey Maryland 23. FUNERAN DIRECTOR'S SIGNATURE ADDRESS 246. REC'D BY REGISTRAR 246. REC'D BY REGISTRAR'S SIGNATURE	SIGNATURE EXAMINER'S	m.B.	DAI	us us MD	ASSISTANT MEDIC	AL EXAMINER	11/	DATE SIGNED	
23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 246. REGISTRAR'S SIGNATURE	REMOVAL (Specify)	N. 22b. DATE THEREO	F 2					(Stote)	
NOV. a. a. tra	A CONTRACTOR OF THE PARTY OF TH	S SIGNATURE	77	ADDRESS ADDRESS		Dorsey	Maryland	TATURE	
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	( all )			

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH Reg. Dist. No PLACE OF DEATH
a. COUNTY Baltimore 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATEMaryland b. COUNTY MARYLAND b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) Timonium Baltimore d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE . If any deloy is ne the funeral director the registror prior ON A FARM? 4 Washington Street Asquith 1900 Street retained for your files. At work YES NO X 3. NAME OF First Middle / Losl DATE Month Day Year DECEASED OF DEATH STROSE November 1959 (Type or print) THOMAS S. SEX 6. COLOR OR RACE 7. MARRIED T NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 24 HRS. IF UNDER TYEAR Months Days Hours Min. Male Colored WIDOWED | DIVORCED T 3 to 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY during most of warking life, even if retired) 11. BIRTHPLACE (State or foreign country 12. CITIZEN OF WHAT COUNTRY? 2, ond pe pup may 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Poges 1, oge 5 ma poges Poge 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Address Give PM3. permit. 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH executed in Item 18. olong with form Poburiol-transit pern PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Arteriosclerotic cardiovascular disease DUE TO di. Conditions, if any, which gave rise to immediate cause should **DUE TO** (a), stating the underlying cause last. .5 0 Office PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19, WAS AUTOPSY S CERTIFICATION PERFORMED? pending used YES K NO T should be use 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) PRIMARY OF CONTRIBUTING writing the word "Framinief Medical Examinance Second CAUSE OF DEATH. 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, Month, Day, Year 20d. INJURY OCCURRED 20f. (City or town) (County) (State) factory, street, office bldg., etc.) Hour Not while at work at work p. m. 21. I certify that I took charge of the remains described above, held an Autapsy [X] Inspection Inquiry and find that to the Chief . DIRECTOR: F death resulted from: Natural-causes 22. Accident . Suicide . Hamicide . Undetermined cause ACTUAL DATE SIGNED DEPUTY MED CHIEF MEDICAL EXAMINER SIGNATURE forworded to FUNERAL 11/3/59 ASSISTANT MEDICAL EXAMINER removo **EXAMINER'S** William V. Lovitt, Jr., M.D. NAME (Type) DEPUTY MEDICAL EXAMINER 22g. BURIAL CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or county) (State) EMOVAL (Specify) 0 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE VS. A15ME(5) DATE NOV 9 5M 9/55

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## **CERTIFICATE OF DEATH**

12326 Reg. Dist. No.

	<del></del>	<del></del>				
1. PLACE OF DEATH O. COUNTY  BALTIMORE	MARYLAND	2. USUAL RESIDENCE (WI o. STATE MARY	here deceased live	d. If institutio b. COUNTY	Residence before	/
b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (IF	outside corporate	limits, write RU	RAL and give near	est fown)
CATOUSULLUE	3 MONTHS	ELLICOT	T- C17	74	13x-2	
d. NAME OF HOSPITAL (If not in hospital, give street of OR INSTITUTION	address)	d. STREET ADDRESS		4.79	e.	IS RESIDENCE ON A FARM?
HOUSE 114 THE PING	=5	190 COLU.	MBIA	RUAD		YES NO
3. NAME OF DECEASED (Type or print) YOYA	Middle Sch	lotterbeck	4. DATE OF DEATH	Mont	Day	Year 19 <i>5</i> 9
5. SEX   6. COLOR OR RACE   7. MARRI	ED NEVER MARRIED	8. DATE OF BIRTH	9. A	GE (In years	IF UNDER 1 YEAR I	
FEMALE WHITE WIDOWE	D DIVORCED	OCTOBER 31	1878 10	ost birthday) yrs.	Months Days	Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. I during most of working life, even if retired)  HOUSEWIFE	KIND OF BUSINESS OR INDU	STRY 11. BIRTHPLACE (Stole			12. CITIZEN OF	WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S MAIDEN		1000		
JOHN PHILLIP SL	HUELEK	E11276	BETH 1	DOAKA	VBERGE	EX.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. (Yes, no. or unknown) (If yes, give war or date of service)		ILLIAM T, 5	CHLOTTER	Addre BECK,	9- / 1	100 TT (15)
18. CAUSE OF DEATH [Enter only one couse per lin						VAL BETWEEN
PART I. DEATH WAS CAUSED BY: 2	0- 10		T.		ONSE	T AND PEATH
MMEDIATE CAUSE (o)	scardial k	scongen	acus			eng.
Conditions, if ony, which ) (1/6)	26 8 - 7	Cardio-Vas	endo.	Yana k	_ , ,	530.
gove rise to immediate DUE TO	1 years	Carrage -1 are	CHURCH M		21	1,
lying couse lost.						
PART II. OTHER SIGNIFICANT CONDITIONS C	ONTRIBUTING TO DEATH BUT	NOT RELATED TO THE TERM	INAL DISEASE CO	NDITION GIVE	N IN PART 1(o) 19.	WAS AUTOPSY PERFORMED?
5						YES NO
200. ACCIDENT WAS UNDERLYING   20b. DESC OR CONTRIBUTING   CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	RIBE HOW INJURY OCCURRE	D. (Enter noture of injury in	Port I or Port II o	f ifem 18.)		
Hour o. m. While	Not while fo	ACE OF INJURY (Home, form actory, street, office bldg., etc	20f. (City or to	own)	(County)	(State)
21. I certify that I attended the decease	ed from 8-1	5-, 1959, to 1	11-21-	1957	that I last say	v the deceased
alive on 11-20- 195	Z, and that death					
1 231	/		ADDRESS (Street,			DATE SIGNED
SIGNATURE TURN Toll	ages.	M.D. 6209 Free	terich	au.	1	1/21/59
PHYSICIAN'S Wilmer K. Gai	Vager	Ballin	ore-28	7, 200	1.	
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 1//24//959	POSE HILL	CEMETERY	22d. LOCATION	(City, town, o		(Stote)
23. FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'	D BY REGISTRAR		TRAR'S SIGNATURE	
R. Franklin Rouger 1+1	AGERSTOWN, 1	MD. DATE	NOV 2 4	'59	arthur 8. 1	Trace
						- a-may (Alla)

TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours aft may be retained TO FUNERAL DIRE VS A15 (4) 15M 9/55

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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH 12347 Rea. Dist. No. with PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY g. STATE filed b. COUNTY MARYLAND Baltimore Baltimore erol b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporote limits, write RURAL and give nearest town) pe RURAL and give nearest town) pluods d. NAME OF HOSPITAL (If not in hospital, give street oddress) the d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 24 7108 Campfield Rd. YES NO 7108 Campfield Rd 2 4. DATE OF DEATH NAME OF First Middle ALOS Month Day Year filled DECEASED (Type or print) RITH SCHOENIJOHN Nov 19 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In years 5. SEX B. DATE OF BIRTH IF UNDER 1 YEAR IF UNDER 24 HRS. campletely lost birthdoy) Months Days Hours DIVORCED T WIDOWED [ 54 yrs. popers. female whi te 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? death during most of working life, even if retired) pup Secretary Medi.cal carban offer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME physician Louis H. Emeline Abellman Schoeni john emave WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Address 72 offending please within 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c) INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO permit. Conditions, if any, which gned gave rise to immediate DUE TO cause (a), stating the underlying cause last. burial-transit PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY CERTIFICATION PERFORMED? 0 has YES NO 20a. ACCIDENT WAS UNDERLYING [ 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, form, 20f. (City or town) Month, Doy, Year 20d. INJURY OCCURRED (County) (Stote) factory, street, office bldg., etc.) Hour a. m. While Not while of work of work n. m 21. I certify that I attended the deceased fram at I last saw the deceased alive an and that death accurred at TO FUNERAL DIRECTOR: ADDRESS (Street city or town, atote ACTUAL pe prior SIGNATURE page 3 shauld PHYSICIAN" NAME (Type) 22b. DATE THEREOF 220. BURIAL, CREMATION 22d. LOCATION (City, town, or county) 22c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) the Pikesville. Druid Ridge Cem 24b. REGISTRAR'S SIGNATURE 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24a, REC'D BY REGISTRAR VS A15 (4) DATEDEC 1 wither S. Kraya 15M 9/58

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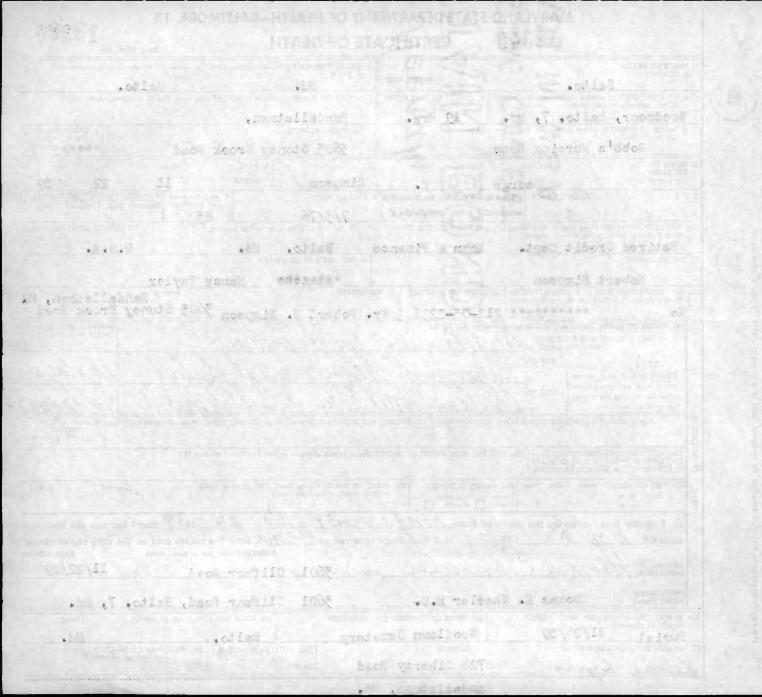
MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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1.	PLACE OF DEATH	altimore	LICE .	MARY	AND	2. USUAL RES	Md.	/here deceas	ed lived. If Instit b. COUN	rution: Residen			sion)
	b. CITY OR TOWN (It ond give nearest town) Reisters		JRAL	c. LENGTH OF STAY I	N 1b		town (If		porote limits, write	RURAL and	give ne	arest tow	rn)
		LORINSTITUTION (IF no oed Ave.	ot in hospi	tol, give street oddress	)	/d. STREET /	STATE OF THE STATE	Ave				ON	SIDENCE A FARM? NO 1
3.	NAME OF DECEASED (Type or print)	First The lms	ı.	Middle E Sh	oem	aker		4. DATE OF DEATH	Nov.1		Day 9	Ye	ear
	sex Female	White	MARRIED	A STATE OF THE PARTY OF THE PAR	- M	pate of Birth	,189	9	9. AGE (In years lost birthday) 60 yrs.		YEAR Days	Hours	R 24 HRS. Min.
100	a. USUAL OCCUPATIO during most of working House	N (Give kind of work dor g life, even if retired) Wife	10b. KII	ND OF BUSINESS OR II	NDUST	Balt	ACE (Stote	e Cit	ountry) ty		S.		COUNTRY?
13.	Charles	K.Demmitt				14. MOTHER'S Eliz			allwood				
	. WAS DECEASED EVE	R IN U. S. ARMED FORCE Iff yes, give war or dates of serv	iral	OCIAL SECURITY NO. 3-18-9502		rormant mer Sh	oema	ker,	Addres Reister		, Md		
	PART I. DEATH	iote couse		onary Occ	lus	sion					ONSET	AL BETWEE	TH
CERTIFICATION	PART II. OTH	ER SIGNIFICANT CONDITE  NOTE  SE WAS STRIRLITING [7]  20b.		HOW INJURY OCCUR						VEN IN PART		PERFOR	
MEDICAL CE	20c. TIME OF INJUR Hour o. m. p. m.	none	20d. IN While of work	JURY OCCURRED 20		E OF INJURY (I	Home, form, bldg., etc.)	20f. (City		(Cou	nty)		(Stote)
		at I taok charge a fram: Natural ca						-	nspectian KI ndetermined	-		and f	ind that
	ACTUAL SIGNATURE 2	D. D. D.				ASSISTA	NT MEDICA	AMINER	_		11	DATE SI	
220	NAME (Type)  BURIAL CREMATION REMOVAL (Specify) Burial	Nov.19/5		2c. NAME OF CEMETER	-	CREMATORY			TION (City, town,	or county)	TT.	-17- (Stote)	
	J.F'.Eline	SIGNATURE	-0.4	ADDRESS				BY REGIST	RAR 24b. REG	ISTRAR'S SIG		Ē	

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### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12330

CERTIFICATE OF DEATH 12349 Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY b. COUNTY MARYLAND Baltimore Maryland b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Fort Howard Baltimore d. NAME OF HOSPITAL (If not in hospitat, give street oddress)
OR tNSTITUTION d. STREET ADDRESS e. IS RESIDENCE ON A FARM? 800 S. Broadway YES NO X Veterans Administration Hospital NAME OF Middle 4. DATE Manth Year DECEASED (Type or print) EDWARD H. SIRENS 1959 NOVEMBER S. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 68 yrs. Manths Days Hours Male White DIVORCED K WIDOWED [ yrs. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY? during mast of working life, even if retired) Clerk Hotel Baltimore, Maryland U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Michael J. Sirens Mary Donovan 15. WAS DECEASED EVER IN U. S. ARMED FORCES? INFORMANT 16. SOCIAL SECURITY NO Address Yes 212-12-526 Clin. Records Vetes Adm. Hosp. Balto, Md. Ft. HowardDiv CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: CARCINOMA OF RIGHT LUNG Years IMMEDIATE CAUSE (a) 163X DUE TO Conditions, if any, which (b) gave rise to immediate **DUE TO** cause (a), stating the underlying couse lost. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO CERTIFI 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of item 18.) (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20c. TIME OF INJURY 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or town) Year (County) (Stote) foctory, street, office bldg., etc.) Hour a. m. While Nat while at wark ot work 21. I certify that attended the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959, to November 13, 1959 mapping and appropriate the deceased from November 2, 1959 mapping and appropriate the deceased 3000000 and that death occurred a6:05P\_M, from the couses and on the date stated above. ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL M.D. VAH. BALTO, 18, M.D FORT HOWARD DIV SIGNATURE PHYSICIAN'S DAVIB A. OURSLER, M.D. VAH. BALTO. 18.MD. FORT HOWARD DIVISION11 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) Nov. 171959 Baltimore National Baltimore, Marv 23. FUNERAL DIRECTOR'S SIGNATURE 322 S. Highdet. 24b. REGISTRAR'S SIGNATURE 24g. REC'D BY REGISTRAR

Frank Della Noce Funeral Director, Baltimore, Md. DATE

may be retoined FUNERAL DIREC poge 0 VS A1S (4) 15M 9/S8

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12350

CERTIFICATE OF DEATH

27000					Reg. Dist.	No.	
1. PLACE OF DEATH		2. USUAL RESIDEN	CE (Where decea			before adm	ilssion)
o. COUNTY Baltimore	MARYLAND	o. STATE	arylabd	b. COUNT	Y Balti	more	
· b. CITY OR TOWN (If outside carporote limits,	write c. LENGTH OF STAY IN 11	c. CITY OR TOV	/N (If outside cor	porote limits, write			wn)
RURAL ond give negrest town) Catons ville	lyr3mth5dys	55 Towson	. Maryla	nd			
d. NAME OF HOSPITAL (If not in hospitol, give	1 2 2	d. STREET ADDI				e. tS R	ESIDENCE A FARM?
OR INSTITUTION SPRING GROVE STAT	E HOSPITAL	6 Lind	en Terra	ce	-51-52		□ NO □
3. NAME OF First	Middle	Lost	4. DATE		onth	Day	Year
(Type or print) Mari	e	Sisk	OF DEAT	H No	vember	20	1959
5. SEX 6. COLOR OR RACE 7	MARRIED NEVER MARRIED	8. DATE OF BIRTH	10-10-50	9. AGE (In years lost birthday)	IF UNDER 1		The same of the sa
female white w	VIDOWED TO DIVORCED	Sept. 1	0, 1885	74 yr	Months D	loys Hour	rs Min.
100. USUAL OCCUPATION (Give kind of work don	ne 106. KIND OF BUSINESS OR IN			country)	12. CITIZ	EN OF WHA	AT COUNTRY
during most of working life, even if retired) housewife		Mar	yland		U.	S. A.	
13. FATHER'S NAME		14. MOTHER'S MA	IDEN NAME				
Samuel Gore		Stel	la Craw	ford			
IS. WAS DECEASED EVER IN U. S. ARMED FORCE		. INFORMANT		Ad	dress \		
(Yes, no, or unknown) (If yes, give war or dates of servi	214-24-2623 R	ecords: SF	RING GR	OVE STAT	TE HOS	PITAL	
18. CAUSE OF DEATH [Enter only one coust	e per line for (o), (b), and (c).]					INTERVAL	BETWEEN
Canditions, if ony, which gove rise to immediate couse (a), stating the <u>under-lying couse lost.</u> (b)	Volvulous o	Sigmold Co	oLON				
PART 11. OTHER SIGNIFICANT CONDITION OF CONTRIBUTING CAUSE OF DEATH OF CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	tions contributing to DEATH I		E TERMINAL DISE	ASE CONDITION G	IVEN IN PART I	PERI	S AUTOPSY FORMED?
OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	0b. DESCRIBE HOW INJURY OCCUI	RED. (Enter nature of in	jury in Port I or P	art II of item 18.)			
20c. TIME OF INJURY Month, Day, Year Hour o. m. 19	20d. INJURY OCCURRED While Not while of work of work	PLACE OF INJURY (Hon foctory, street, office ble		ity or town)	(Co	unty)	(Stote)
21. I certify that I attended the d	deceased from Aug.	14 19.58 . 1	o Nov. 2	20 , 195	2_,that I la	st saw th	e decease
alive on Nov. 20	, 19_59, and that dec	oth accurred at 1:	00p . M. fre	am the causes	and an the	date sto	ated abov
01.00 1	1 - 21 - 100			(Street, city or town			DATE SIGN
	Vachsler	M.D. SPRIN	G GROVE	STATE	HOSPIT	AL 1	1-20-5
SIGNATURE SPULG V							
SIGNATURE	hsler, M. D.	Caton	sville 2	8, Maryla	and		
PHYSICIAN'S NAME (Type) Stella Wac	chsler, M. D.			8, Maryl		(\$1	fote)
PHYSICIAN'S NAME (Type) Stella Wac  220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETER	OR CREMATORY	22d. LOC	ATION (City, town	or county)	(S) M d	
PHYSICIAN'S NAME (Type)  Stella Wac  220. BURIAL, CREMATION, REMOVAL (Specify)	22c. NAME OF CEMETER	OR CREMATORY	22d. LOC	ATION (City, town	or county)	Md	

may be retained to hospital or attending physician.

O FUNERAL DIRE

R: After this certificate has been signed by the attending physician and campletely filled in by the performance page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, ar removal, and in any event within 72 pears after death. TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after death. Page 4 may be retained TO FUNERAL DIRE VS A1S (4) 15M 9/SS

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			of Control

CERTIFICATE OF DEATH

Rea. Dist. No.

Baltimore	MARYLAND	a. STATE	1 1		nce befare admission) altimore
earest tawn)	c. LENGTH OF STAY IN 1b	T		mits, write RURAL and	give nearest town)
TAL (If not in hospital, give street	0.1	d. STREET ADDRESS	n	ce Rd.	e. IS RESIDENCE ON A FARM? YES NO
First	$^{ ext{ iny Middle}}$	Sisson	4. DATE OF DEATH	Nov.	Day Year 9 1959
1		8. DATE OF BIRTH 3-2-1907	9. AC		R 1 YEAR IF UNDER 24 HRS. Days Haurs Min.
king life, even if retired)	KIND OF BUSINESS OR INDU	Maryla	nd	) 12.CI	TIZEN OF WHAT COUNTRY?
	en. SOCIAL SECURITY NO.	Caro	lina Lov	Address	
ony, which mmediate the under (c)		metasta			
CAUSE OF DEATH	CRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Port II of	item 18.)	
While	Not while fo			wn)	(Caunty) (State)
utchell in	July and that death		ADDRESS (Street, o	causes and an th	
ON, 22b. DATE THEREOF	22c. NAME OF CEMETERY C	4. 10	22d. LOCATION	(City, town, ar caunty)	(State)
's SIGNATURE  O Ruch 520	ADDRESS 5 Harford Ra	24a. RE	MONN REGISTROR	24b. REGISTRAR'S S	
	ATH [Enter only one cause per lime and the under li	(If outside corporate limits, write learnest town)    Owson	Baltimore    Courside corporate limits, write   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (IF ourside corporate limits, write   C. LENGTH OF STAY IN 1b   C. CITY OR TOWN (IF ourside town)		Color of Race   The Start in the properties limits, write address   Color of Start in 16   Color of Race   The Start in 16   Color of Race   The Start in 16   Color of Race   The Start in the properties limits, write RURAL and Start ADDRESS   Color of Race   The Start in the properties limits, write RURAL and Start ADDRESS   Color of Race   The Start in the properties limits, write RURAL and Start ADDRESS   Color of Race   The Start ADDRESS   Color of Race

TO HOSPITAL OR A NDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours offer may be retained to the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funn page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 should the registrar prior to burial, cremation, or remayal, and in any event within 72 haurs ofter death.

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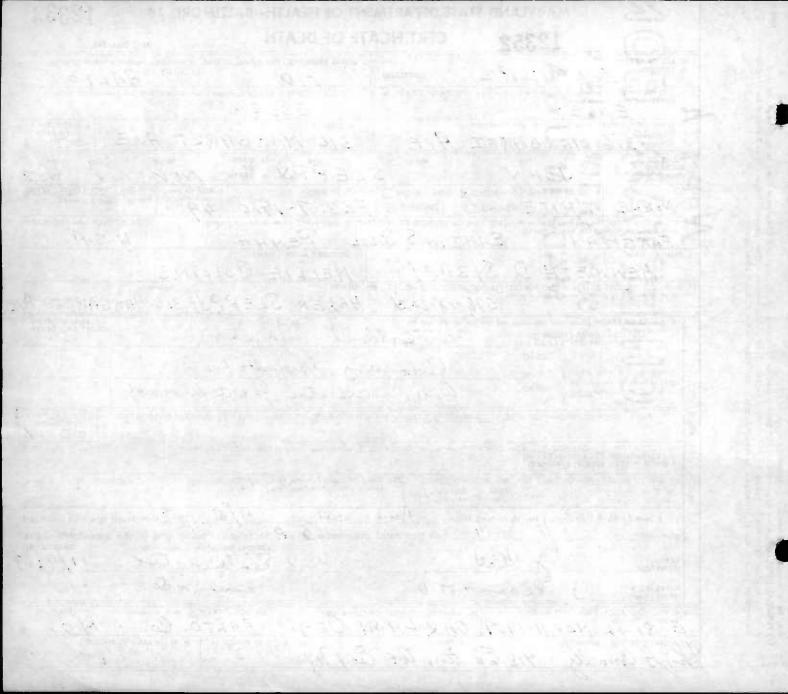
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THE PERSON OF TH

	70007				reg. Dist. No.
	BALTIMORE	MARYLAND	2. USUAL RESIDENCE (When a. STATE	re deceased lived. If institution: b. COUNTY	Residence before admission)  BALTO
b. CI'	TY OR TOWN (If autside carporate limits, write RAL and give nearest tawn)  ESSE	c. LENGTH OF STAY IN 16		tside carporate limits, write RUR	AL and give nearest town)
d. N/	AME OF HOSPITAL (If not in haspital, give street as R INSTITUTION MAIR GARES	ddress)  AVE	d. STREET ADDRESS	RGARET A	ON A FARM? YES NO
	E OF ASED or print) First	Middle	SLEPPY	4. DATE Month OF DEATH NOV.	Day Year 8 1958
S. SEX	1ALE WHITE WIDOWED	DIVORCED DIVORCED	FEB. 7-19		UNDER 1 YEAR IF UNDER 24 HRS. Aanths Days Haurs Min.
duri	JAL OCCUPATION (Give kind of work done 10b. King most of working life, even if retired)	IND OF BUSINESS OR INDU	ELL PEN	y A	12. CITIZEN OF WHAT COUNTRY?
13. FATH	KENNETH D. S.	LEPPY	MELLIE	COLLINS	
	DECEASED EVER IN U. S. ARMED FORCES?  (If yes, give wor or dales of service)	OCIAL SECURITY NO. 78-18-6054	HELEN S.	LEPPY-316	MARGARET A
	CAUSE OF DEATH [Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	far (a), (b), and (c).]	deal infa	nation	INTERVAL BETWEEN ONSET AND DEATH
Co go co	DUE TO anditians, if any, which tive rise to immediate use (a), stating the <u>under-</u> ng cause last.  DUE TO  (b)  DUE TO	Corone artes is.	ory Usom	lo ho Harl disea	se
CERTIFICATION OB OB	PART 11. OTHER SIGNIFICANT CONDITIONS CO	ONTRIBUTING TO DEATH BU	T NOT RELATED TO THE TERMIN	NAL DISEASE CONDITION GIVEN	IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO
	ACCIDENT WAS UNDERLYING ACCIDENT WAS UNDERLYING ACCIDENT WAS CONTRIBUTING ACCIDENT WAS CONTRIBUTED ACCIDENT WAS ACCIDENT W	RIBE HOW INJURY OCCURRI	ED. (Enter nature of injury in Po	art I ar Part II af item 18.)	
WEDICAL	TIME OF INJURY Manth, Day, Year 20d. IN. Haur a. m. p. m. 19 White at wark	Nat while fo	LACE OF INJURY (Hame, farm, cotary, street, affice bldg., etc.)	20f. (City ar tawn)	(Caunty) (State)
	I certify that I attended the decease ve an			M, fram the causes and	at I last saw the deceased on the date stated above.
	NATURE SOAT	t	M.D. 42 4 8	DDRESS (Street, city or town, sto	DATE SIGNED
PHY	SICIAN'S J. PLAT	T. M.D		Easy ind	
	RIAL, CREMATION, 22b. DATE THEREOF ACVAL (Specify)  WRIPL NOV-11-1959	OAK LAV	OR CREMATORY  FY CEM.	BALTO. Co	county) (State)
23/FUN	ERAL DIRECTOR'S SIGNATURE  9. Connells - 418 E	asting are	East MIDATE	BY REGISTRAR 246. REGISTR	AR'S SIGNATURE

TO HOSPITAL OR ANDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after the attention of may be retained the haspital an attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 should be detached for use as the burial-transit permit. Then please remave carban papers. Pages 1 and 2 shauld be filed with the registrar prior to burial, crematian, ar remayal, and in any event within 72 haurs after death.



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#### MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

2353 CERTIFICATE OF DEATH

12334

	123	53	CERTII	ICA	E OF DEA				Reg. D	ist. No.		
1. PLACE OF DEATH g. COUNTY	Baltimo e		MARYL	- 1	e. USUAL RESIDENCE o. STATE	(Where dec		d. If institution b. COUNTY		Aru		11
b. CITY OR TOWN (I	f outside corporate limi	ls, write	c. LENGTH OF STAY I	N 1b	c. CITY OR TOWN	(If outside o	orporote	limits, write RI	URAL ond	give nec	rest town	n)
Catons			7 days		Pasadena	a, Mar	ylan	d	00	2 X	de	
d. NAME OF HOSPIT OR INSTITUTION SPRING GE	ROVE STATE		oddress) SPITAL		d. STREET ADDRES	s ndel F	load					SIDENCE A FARM? NO
3. NAME OF DECEASED (Type or print)	Fir Ann		Middle Elizabeth	1	losi Smith	4. DA		Novem		<b>Do</b>	,	Year 19 59
5. SEX	6. COLOR OR RACE	7. MARR	NEVER MARRIES	B.	DATE OF BIRTH		9. A	GE (In years			IF UND	ER 24 HRS.
female	white	WIDOWI	DIVORCED		Sept. 7, 3	1879	10	80 yrs.	Months	Doys	Hours	Min.
100. USUAL OCCUPATION during most of work houses	king life, even if retired	done 10b.	At Home	INDUST	Y 11. BIRTHPLACE (S		gn countr	у)		J. S.		COUNTRY
13. FATHER'S NAME	NITC		210 Homo		14. MOTHER'S MAIDE					, ,	, 440	
XXXX	Ka Henry K	ornn	nann		EXXXXI		Emma	a Swei	tze	r		
15. WAS DECEASED EVE	R IN U. S. ARMED FOR		SOCIAL SECURITY NO.	17. INF	DRMANT			Addr	.628			
Unknown			Jnknown	Reco	ords: SPR	ING (	ROVE	STAT	E HO	SPI	CAL	
18. CAUSE OF DEA	ATH [Enter only one co	use per li	ne for (o), (b), and (c).]			10.30				INTE	ERVAL BE	ETWEEN
PART 1, DEA	TH WAS CAUSED BY: IMMEDIATE CAUSE (o	) (	Cerebral Va	scula	r accident	t				.   0143	EI AND	DEATH
331X	DUE TO									1 34		
Conditions, if o		Ce	erebral and	gene	ralized an	rterio	scle	rosis				
gove rise to i couse (a), stating lying cause lost.												
PART II. OTH			CONTRIBUTING TO DEA	TH BUT N	OT RELATED TO THE TI	ERMINAL DI	SEASE CO	NDITION GIV	EN IN PA	RT 1(a) 1	9. WAS	AUTOPSY
3 Arterio	sclerotic	cardi	lovascular	disea	se							P NO [
	AS UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)		CRIBE HOW INJURY OC			y in Port 1 o	r Port 11 o	f item 18.)			YES	x
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yes	While	NJURY OCCURRED  Not while  of work	20e. PLAC focto	E OF INJURY (Home, ry, street, affice bldg.,	form,   20f.	(City or t	own)		(County)		(State)
21. I certify th	ot I attended the	deceas	ed from Nov.	5/1	, 19.59_, to_	Nov	rembe	r 45 5	that I	last so	w the	deceased
		, 1959			ccurred otl:							
	m //.							city or town,				ATE SIGNED
ACTUAL SIGNATURE	Uku	10%	orles	м.	SPRING	GRO'	VI S	TATE	HOSP:	ITAL	13	1-25-5
PHYSICIAN'S A	ristide Sir	nopou	los, M. D.		Caton	svill	28,	Maryl	and			
220. BURIAL, CREMATIC REMOVAL (Specify)			22c. NAME OF CEME					(City, town, o			(Stat	te)
		59		re	cemetery			Imore				
23-FUNERAL DIRECTOR	'S SIGNATURE	-	ADDRESS	7		REC'D BY R						
1. sen	cutor	- 1	out th	100	TOURGOATE	NOV 3	0 '59	(C)	Thung 2	1. The	MA	

VS A15 (4) 15M 9/55

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		Stanton Company	S. Maria	
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## FOR STATE HEALTH\_DEPT

TO DEPUTY M. I.AL EXAMINER: This certificate should be executed within 24 hours after death. If any delay cessary, please execute the certificate, writing the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral crownor. Page 4 should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board of Health, or its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 7/59

## MARYLAND STATE DEPARTMENT OF HEALTH

Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 12336

10010	INJOU
1. PLACE OF DEATH 1221U	2. USUAL RESIDENCE (Where decessed lived, If institution: Residence before edmission)
Baltimore	STATE Maryland     b. COUNTY
b. CITY OR TOWN (if outside corporete limits,   c. LENGTH OF STAY IN 1b	c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town)
write RURAL and give neerest town)	
Halethorpe  d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	Baltimore 3 VO /- 4
d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress)	ON A FARM?
4415 Washington Blvd., Trailer Cam	p 5605 Haddon Ave., Apt. B YES NO X
3. NAME OF First Middle DECEASED	Last 4. DATE Month Dey Year
(Type or print) HENRY	SMITH DEATH November 11, 1959
	DATE OF BIRTH 9. AGE (In years   IF UNDER 1 YEAR   IF UNDER 24 HRS.
Male White WIDOWED DIVORCED	3-13-1916 lest birthdey) Months Deys Hours Min.
100. USUAL ACCUPATION (Give kind of work 106. KIND OF BUSINESS OR INDUSTR	11. BIRTHPLACE (State or foreign country)
done during plost of working life, even if retired)	Baterine Md 425A
13. FATHER'S MAME	14. MODINER'S MAIDEN NAME
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16, SOCIAL SECURITY NO.   17. I	varien
15. WAS DECEASED EVER IN U.S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17.   (Yes, no, or unkown)   (Ifyesgivewerordetesofservice)	14.
	Mary Smith - facel
18. CAUSE OF DEATH [Enlar only one cause par line for (e), (b), end (c).]	INTERVAL BETWEEN
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarct.	ion ONSET AND DEATH
420.1 DUE TO Arteriosclerotic c	
Continue V	ararovapourar arbease
geve rise to immediate cause	
(e), steting the underlying DUE TO	
cause lest. (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
	YES X NO
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NO  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING   201. DESCRIBE HOW INJURY OCCURED. (ED. CAUSE OF DEATH).	Enter neture of injury In Pert I or Pert II of ilem 18.)
PRIMARY Or CONTRIBUTING CAUSE OF DEATH.	
20c. TIME OF INJURY Month, Day, Year   20d. INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, farm, 20f. (City or lown) (County) (Stele)
Hour e.m. WhileNot While fect	ory, street, office bldg., atc.)
21. I certify that I took charge of the remains described above, he	old an Autopsy X, Inspection , Inquiry , and in my opinion
death resulted from: Natural causes X. Accident . Suici	ide, Homicide, Undetermined manner
1/ 1/	CHIEF MEDICAL EXAMINER
ACTUAL //// ///	ASSISTANT MEDICAL EXAMINER X DATE SIGNED
SIGNATURE WILL USUN	M.D.
EXAMINER'S William V. Lovitt, Jr., M.D.	DEPUTY MEDICAL EXAMINER 11/12/59 Address (Sireet, city, town, or county)
220. BURAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR	
Hursel 11-13-59 Herry	g tem Halto Ma
23 JUNERAL DIRECTOR ADDRESS A	240. REC'D BY REGISTRAR   24b. REGISTRAR'S SIGNATURE
taes Levistre 2000 7 1170	
J' TO KIND KILL COMM	DATHOV 1 3 '59   Crithur & Krane,

REARD SO READISTRES 2 WILLIAM ON The state of the s and the first of the second se . The ... of the mineral street of the contract of the contract of the A PERSONAL PROPERTY OF THE PROPERTY OF THE PARTY OF THE P all to the value and entering and entering and entering The state of the s there are there are there are

1		12004 CERTIFICATE OF DEATH	Reg. Dist.	No.
1		PLACE OF DEATH  2. USUAL RESIDENCE (Where deceosed lived.		befare admission)
- 1		BALTIMORE MARYLAND 6. STATE MARYLAND	COUNTY Q.	a. V
1		b. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest town)  c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If autside corporate lim	its, write RURAL and give	e nearest tawn)
		FORT HOWARD 43 DAYS NORTH LINTHICUM	6	02 X - 2
20		d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION OR INSTITUTION OF A PART ADDRESS OF THE ACT		e. IS RESIDENCE ON A FARM?
		ETERANS ADMINISTRATION HOSPITAL 9 LAKEBRONT DRIVE		YES NO 🔀
		NAME OF DECEASED HENRY HARRIS SMITH Sr. OF DEATH	NOVEMBER	19 59
	5. 5	MATE MITTER	birthday) Manths Do	YEAR IF UNDER 24 HRS
	10a	a. USUAL OCCUPATION (Give kind of work done) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country)		N OF WHAT COUNTRY?
		during most of working life, even if retired) PRESSMAN NEWSPAPER PENNSYLVANIA	U.	S A
1	13.	FATHER'S NAME 14. MOTHER'S MAIDEN NAME		N. A. Sh. A
		Henry H. SMITH Margaret J. White		
		WAS DECEASED EYER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. INFORMANT  15. no, or unknown 1 (If yes, give war or dates of service)	Address	
		Yes WW-1 213-03-2401 CLIN REC VAH BALTO MD	FT HOWARD I	DIVISION
		IB. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (0) HEMA TEMASIS		UNKNOWN
		581.0 DUE TO		
	Н	Conditions, if any, which ) (b) ESOPHAGEAL VARICIES		UNKNOWN
		gove rise to immediate cause (o), stoting the under DUE TO		TINTENTOT.TAT
	_	lying couse lost. (c) CIRRHOSIS OF THE LIVER		UNKNOWN
2	CATION	PART II. OTHER SIGNIFICANT CONDITIONS <u>CONTRIBUTING TO DEATH</u> BUT NOT RELATED TO THE TERMINAL DISEASE COND	OITION GIVEN IN PART 1	(a) 19. WAS AUTOPSY PERFORMED? YES NO
	CERTIFI	20a. ACCIDENT WAS UNDERLYING   OR CONTRIBUTING  CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Port I or Part II of it (IF EITHER, NOTIFY MEDICAL EXAMINER)	em 1B.)	
		20c. TIME OF INJURY Manth, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City or tow	-1 /5-	
	MEDICAL	Hour a.m. While Nat while foctory, street, affice bldg., etc.)	n) (Cau	unty) (State
	×	p. m.		
		21. I certify that A ottended the deceased fram October 2 , 1959 , to November 1		
		total and the course at 3:55 p.M. from the co		date stated above
		ACTUAL AC		
1		SIGNATURE CU O COME VAH, BAL TO 18, MD. FT		
		PHYSICIAN'S PAUL BORMEL, M.D. VAH, BALTO 18, MD. FT	. HOWARD DIV	11/15/5
	220	O. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (C	City, tawn, ar caunty)	(Stote)
		BURTAL 11/18/59 GLEN HAVEN MEMORIAL PARK BALTIMO	DRE MARYLAN	ND.
)			24b. REGISTRAR'S SIGN	ATURE
S.	W	m J Tickner & Sons Inc North & Pennsylvania AvsDATE NOV 1 6 '59	Julius & f	4

## HYABURO FIADRISED SAFER

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	AT BY TRUIT	devised)	The Source				
	outer & Secretar		PERSONAL PROPERTY.				
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att. at		SENTAL MATERIALS					
TROUBLE		to an industrial					
	ALC: NO CONTRACTOR						
Acceptance and the	A THE PART OF SECTION	Separate All III	The Kill March				
Comments of the contract of th	W. H. Barrier, M. D. M.						
, VD3 A=10-10	TAM, SISTO 35, St. FT.						
gelashi a	Anguage Charles & L.	Y12 Th. Life					
		mertine runs of Africa ner	to proper or manager of the or				

VS A1S (4) 1SM 9/58 12355 CERTIFICATE OF DEATH

12337 Reg. Dist. No.

	o. COUNTY	imore	ite T	raining School		usual residence (Wa. STATE		d lived. If institut b. COUNTY	_	ince G		V
	b. CITY OR TOWN (I RURAL ond give no	If outside corporate limi		c. LENGTH OF STAY IN 1	Ь	c. CITY OR TOWN (IF	outside corpo				earest to	
	d. NAME OF HOSPIT OR INSTITUTION	TAL (If not in hospital, g	ive street	oddress)		d. STREET ADDRESS					e. IS RI	ESIDENCE A FARM?
3.	NAME OF DECEASED	ate Trainin	st	Middle		Route 2 - 1	4. DATE OF	Mai			ay	Yeor
5. 5	(Type ar print) SEX		7. MARE	Robert RIED NEVER MARRIED 5	B. C	Smith  ATE OF BIRTH	DEATH	9. AGE (In years			R IF UNI	
	Male	Negro	WIDOW	ED DIVORCED	4	/26/58		lost birthdoy)  yrs.		nths Doys	Hours	s Min.
L	during most of wor		done 10b.	KIND OF BUSINESS OR IN		Maryland	i	country)	1:	U.S.A		COUNTRY
	FATHER'S NAME				י	4. MOTHER'S MAIDEN						
0	eerge Rob	ert Smith				Rose Marie	e Jack	71 7 7 7 7		-01		
15. {Ye	was deceased eve	(If yes, give war or dates of s	CES? 16.	SOCIAL SECURITY NO.		RMANT ewood Recol	rds	Add	dress			
Z	Conditions, if a gove rise to i cause (o), stoting lying couse lost.	ny, which mmediate the under-	)	teral pneumon			MINAL DISEAS	SE CONDITION GI	VEN IN	)	18 h	OURS
CERTIFICATION	Meningiti 200. ACCIDENT WA	s in Oct.19	59;H	ydrocephalus cribe How Injury occur	con	genital					PERF	FORMED?
MEDICAL	20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Yeo	While		PLACE	OF INJURY (Home, fari , street, office bldg., et	m, 20f. (City	y or town)		(County	)	(Stote
	alive on		, 19	sed fram 9-16- 59, and that dec	ath ac		M, from	the causes ar	nd at	n the dat	e state	
		Viola B. Jo				Owings_1	Mills,	Marylan	1			
	REMIGVAL (Specify)		2-59	22c NAME OF CEMETERS	Y OR CI	REMATORY	22d LOCA	TION (City, town,	m	w	Lo	tote)
23/.	FUNERAL DIRECTOR	S SIGNATURE	10	ADDRESS	Ma	24a. REC	D BY REGIS		ISTRAF	Chun &. 1	Trans	1

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12356 **CERTIFICATE OF DEATH** 

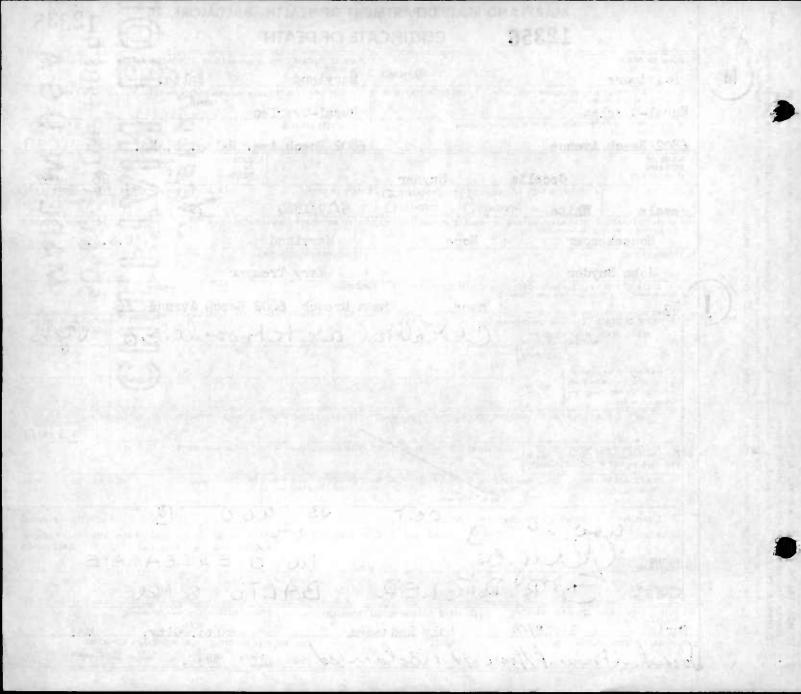
Ren Dist No

				1			
,	1. PLACE OF DEATH  o. COUNTY  Baltimore		MARYLAND	2. USUAL RESIDENCE (WHO o. STATE Maryland	ere deceased lived. If institu b. COUNT Bal to	Υ	ore admission)
	b. CITY OR TOWN (If outside RURAL and give nearest to	e corporate limits, write own)	c. LENGTH OF STAY IN 16	11./-	utside corporote limits, write	7	earest town)
	d. NAME OF HOSPITAL (IF POR INSTITUTION	at in haspital, give stree	et oddress)	X Rural-Over1	ea		e. IS RESIDENCE ON A FARM?
	6802 Beech Av	enne		6802 Beech A	ve. Balto. 6.	Md.	YES NO
	3. NAME OF DECEASED (Type or print)	First Cecelia	Middle Snyder	Last	4. DATE MO OF DEATH	onth D	y Year
		DLOR OR RACE 7. MA	RRIED NEVER MARRIED	8. DATE OF BIRTH 5/19/1880	9. AGE (In years last birthdoy) 79 yrs	Manths Days	Hours Min.
	10a. USUAL OCCUPATION (Given during most of working life Housekeep	e kind of work done 104 , even if retired)	b. KIND OF BUSINESS OR INDU	7/ -//	or foreign country)		F WHAT COUNTRY?
	13. FATHER'S NAME		220	14. MOTHER'S MAIDEN N		1 0 10 12	
	John Snyd	er		Mary Tr	emper		
	WAS DECEASED EVER IN U.	S. ARMED FORCES? 16	6. SOCIAL SECURITY NO.	INFORMANT	Ad	dress	
	No		none En	ma Dresch 68	02 Beech Aven	ue #6	
	Conditions, if ony, wh gove rise to immedicause (o), stating the unilying couse lost.	DIATE CAUSE (a)  DUE TO  ich ote DUE TO (c)	S CONTRIBUTING TO DEATH BUT	I WE KE	NAL DISEASE CONDITION G	926s	19. WAS AUTOPSY PERFORMED?
	PART II. OTHER SIG	USE OF DEATH	ESCRIBE HOW INJURY OCCURRE	ED. (Enter noture of injury in	Part I or Port II af item 18.)		YES NO
	20c. TIME OF INJURY Man Hour a. m. p. m.	nth, Day, Year 20d. Whil		ACE OF INJURY (Home, form clory, street, office bldg., etc	20f. (City or town)	(County	) (State)
1	21. I certify that I calive an	triended the deceded in 19	173	1943, to 10 10 10 10 10 10 10 10 10 10 10 10 10		nd on the dat	DATE SIGNED
	220. BURIAL, CREMATION, 221 REMOVAL (Specify) Burial	11/28/59	22c. NAME OF CEMETERY C		22d. LOCATION (City, town,		(Stote)
	27 FUNERAL DIRECTOR'S SIGN	neral Hons	e 1401 Belo	24a. REC'	D BY REGISTRAR 24b. REG	Cistrar's SIGNATU	JRE

TO HOSPITAL OR A NOING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs after only. Page 4 may be retained be chospital as attending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remove carban papers. Pages 1 and 2 shauld befiled with the registrar prior to burial, cremotion, or remayal, and in any event within 72 hours after death.

VS A1S (4) 1SM 9/SB



**CERTIFICATE OF DEATH** 

12339

19357

	1 1 2 2 2 1 4							Mag. Dis	1, 140.	
1. PLACE OF DEATH o. COUNTY	Baltimor	e.	MARYL		USUAL RESIDENCE O. STAYE Maryl:		tived. If instituti b. COUNTY		e before od	
b. CITY OR TOWN ( RURAL and give n Balto	If outside corporate limit earest town)	ls, write	c. LENGTH OF STAY II	N 16	c. CITY OR TOWN	- ALTENIA		URAL ond g	jive nearest (	lown)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospitol, g Joppa F		oddress)		d. STREET ADDRESS	Joppa Ro			0	RESIDENCE N A FARM?
3. NAME OF DECEASED (Type or print)	Joseph	st	Middle		ion Snyder	4. DATE OF DEATH	Novem		Doy 7.7	Yeor 19 59
s. sex			IED X NEVER MARRIES	B. D	ATE OF BIRTH -8-71		9. AGE (In years lost birthdoy)	IF UNDER		NDER 24 HRS.
10a. USUAL OCCUPATION during most of wor Farmer	ON (Give kind of work of king life, even if retired)	lone 10b.	KIND OF BUSINESS OR Farming	-					U.S.A.	HAT COUNTRY
13. FATHER'S NAME John	Snyder			1	4. MOTHER'S MAIDE					
	R IN U. S. ARMED FORG	itvice]	SOCIAL SECURITY NO. 13-40-0390	17. INFO	theri ne	Snyder	26 E.	Jopp	a Rd.	
200 ACCIDENT W	mmediate the under (c)  HER SIGNIFICANT CONI	A:	erebro-Valuer occurred to DEAT	eros	is, gene	ralizeo	CONDITION GIV	'EN IN PART	PE	AS AUTOPSY PROUMED?
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUR  Hour o. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)  Y Month, Doy, Year	While	NJURY OCCURRED 2	Oe. PLACE foctory	OF INJURY (Home, f , street, office bldg.,	form, 20f. (City	or town)	(C	ounty)	(Stote)
21. I certify th	rat I attended the vember 10	19			curred at 1:3	Q AM, Mam ADDRESS (SIG	the causes of th	and an th	roup	
220. BURIAL, CREMATIC REMOVAL (Specify) Burial	N, 22b. DATE THEREO	F	22c. NAME OF CEMET		EMATORY	22d. LOCAT	ION (City, town,			Stote)
				U CIII		Del.1	LO A N	d		

may be retained the hospital ar attending physician.

2 FUNERAL DIRECOR: After this certificate has been signed by the attending physician and completely filled in by 1, charal director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon papers. Pages 1 and 2 should be filed with the registrar prior to burial, crematian, or remaval, and in any event within 72 hours ofter depth. ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours after TO HOSPITAL OR A may be retained TO FUNERAL DIRE

death. Page 4

X	_	-		
5 TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessory, please exe-	4 should be		TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burigh, exemption,	/
necessory,	tar, age	À	or to burial	-
y delay is	neral direc	your files.	gistrar pric	
eath. If an	3 to the fu	toined for	with the re-	
urs after de	1, 2, and	moy be rei	es I and 2	(
ithin 24 ho	Give Pages	3. Page 5	File pog	
executed w	Item 18.	h form PM	insit permit	
shauld be	n pencil in	e alang wi	a burial-tre	
certificate	pending" i	ner's Office	se used as	
NER: This	"he ward "	ical Examin	3 should t	
AL EXAM	writing 1	Chief Med	TOR: Page	
TY MEDIC	e certifiq	ded to the	RAL DIREC	aval.
TO DEPU	cute the	forwar	TO FUNE	or remo
VS	. A	15/	ME(	5)

5M 9/55

MA	RYLAND ST	ATE DEPARTMEN	NT OF HEALTH-	-BALTIMORE,	18
5.9	MEDICAL	<b>EXAMINER'S</b>	CERTIFICATE	OF DEATH	Reg

1234()
ig. Dist. No.

1. 1	PLACE OF DEATH					2. USUAL RESIDENCE	(Where decea	sed lived.	If Institut	lion: Reside	nce bef	ore admiss	ion)
	O. COUNTY D	imore		MA	RYLAND	o. STATE	d.	b.	COUNTY	Ba	lti	more	1
ь	ond give nearest town)	outside corporate limits, writ	RURAL	c. LENGTH OF STA	AT IN 16	c. CITY OR TOWN	(If outside cor	porote limi	its, write	RURAL and	give n	earest tow	n)
	Esse	12				XXXXX	Balt	imore	2	3 V 0	1-	4	
d	. NAME OF HOSPITA		If not in hos	pital, give street add	ress)	d. STREET ADDRESS						e. IS RES	IDENCE
	The Mart	in Co.				1219	Gleni	vood	Ave	•			PARM?
3.	NAME OF DECEASED	Fir	st	Middle		Last	4. DATE OF		Month		Day	Ye	ar
	(Type or print)	Sam	1101	7.		Spear	DEATH		Nov		25	19	59
5. S	EX	6. COLOR OR RACE	7. MARRI	D NEVER MARR	IED 8.	DATE OF BIRTH	Land F	9. AGE (1	n yeors	IF UNDER		IF UNDE	-
	mala	white	WIDOWE	~~		1-5-1910		lost birth	yrs.	Months	Days	Hours	Min.
Oa	USUAL OCCUPATIO	N (Give kind of work					ote or foreign	47	7.2.	12. CITI	ZEN OF	WHAT C	OUNTRY
d	luring most of working	life, even if retired)	1	. /		n		,,			110/	1	
	engineer			urplane		Penna					UST		
13.	FATHER'S NAME	6				14. MOTHER'S MAIDE	NAME						
	Samuel	W. Spear				Daisey	yow	29					
	WAS DECEASED EVE	R IN U. S. ARMED FO		SOCIAL SECURITY N	O. 17. IN	FORMANT		0	Address				
			,			Elizabet	b A	Snaal	7		ama		
	18. CAUSE OF DEAT	H [Enter only one car	se per line	for (o), (b), and (c).		CAL		peu			INTER	VAL BETWEE	N
ď	PART I. DEATH	WAS CAUSED BY	(1	DO NA	An 1	000	1.110	1001			ONSE	T AND DEAT	H
		MMEDIATE CAUSE (o		0 100111	10		0 3/	0/1			1		
	420.1	DUE TO			/								
	Conditions, if on gove rise to immedi												
	(o), stoting the u												
	couse lost.	) (c											
8	PART II. OTHI	R SIGNIFICANT CON	DITIONS CO	ONTRIBUTING TO DE	ATH BUT N	OT RELATED TO THE TE	RMINALDISEAS	SE CONDIT	ION GIV	EN IN PART	1(0) 1	PERFOR	UTOPSY
ATE				1							1	ES	NOFT
CERTIFICATION	20g. EXTERNAL CAUS	SE WAS 20	b. DESCRIB	HOW-INJURY OCC	URRED. (Er	ter nature of injury in	Port I or Port I	of item 16	3.)				7
ERT	PRIMARY OF CON CAUSE OF DEATH.	TRIBUTING		UNQ	,								
	20c. TIME OF INJUR	Month, Day, Ye	201	NJURY OCCURRED	120a BIAC	A CHARLES AND A CONTRACT OF THE CONTRACT OF TH	not total	us an Ansural		10-11	. And		/\$4=4=1
MEDICAL	Hour o. m.	Monn, Day, 14	While			E OF INJURY (Home, fry, street, office bldg.,		y or rown)		(Cou	шуј		(Stote)
ME	p. m.	19		ork ot work									
	21. I certify the	at I taak charge	af the	remains describ	ed abay	e, held an Auta	psy 🔲, I	nspectio	n II.	Inquir	у [	and fi	ind tha
	death resulted	from: Natural	causes [	Accident [	7. Suic	ide [], Homici	de □. U	ndeterm	ined c	-			
	V	10 0				,							
	ACTUAL	10/2	1	100		. CHIEF MEDICAL	EVALUED [	,				DATE SI	GNED
	SIGNATURE	11 01	2 0			_M.D.				- 7	,	1-	7
	EXAMINER'S NAME (Type)	M.B. J	DAU	11'S M	0	DEPUTY MEDICA		-		11/	16	15%	1
220	BURIAL, CREMATION	, 22b. DATE THEREC	F	22c. NAME OF CEM	ETERY OR	REMATORY	22d. LOC/	ATION (City	, town, c	or county)		(State)	
	REMOVAL (Specify)	11-28-4	9	Manala	and M	em. Park	B	alti	more	. Mo			
	FUNERAL DIRECTOR'S	SIGNATURE	/	ADDRESS	JECC 111		EC'D BY REGIS			TRAR'S SIC	NATUI	RE	
	1 1		-205	Hartord	Rd		NOV 3 0 "			Jun S.			
	Leonard	111100	~117	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 \ / /	I DATE	THE PURPLE						

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VS A15 (4) 15M 9/55

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

Reg. Dist. No.

12341

		MALL	<u> </u>					Keg. Dis	r. No.	
1. PLACE OF DEATH	Baltimore		MARYLAN		usual residence (Who. STATE Mary]		b. COUNTY		e before admir imore	ision)
b. CITY OR TOWN ( RURAL ond give n Dun)	(If autside corporate lim acrest town) CBLK	its, write	c. LENGTH OF STAY IN 1	5	c. CITY OR TOWN (IF o	utside carpo	orate limits, write Ri	JRAL and gi	ive nearest tow	n)
d. NAME OF HOSPI OR INSTITUTION	TAL (If not in hospital, ) 56 S. Dun				d. STREET ADDRESS 56 S. Dur	ndalk	Ave.		ON	SIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	CONRAD		Middle J.	S	Lost TEINBACH	4. DATE OF DEATH	Mont November		Day	Yeor 19 59
5. SEX Male	6. COLOR OR RACE	7. MARR	RIED NEVER MARRIED DIVORCED	_	tober 13, ]	L891	9. AGE (In years lost birthday) 68 yrs.		YEAR IF UND Days Hours	
during most of wor	ON (Give kind of work king life, even if retired ist—Ret.	dane 10b.	KIND OF BUSINESS OR IN	DUSTRY	11. BIRTHPLACE (Stote Maryland	ar foreign a	country)	1	ZEN OF WHA	r COUNTRY
13. FATHER'S NAME	all street			14	. MOTHER'S MAIDEN N					
	nd Steinbac					Brett	schneider			1
15. WAS DECEASED EVE (Yes, no. or unknown) NOe	ER IN U. S. ARMED FOR It yes, give wor or dates of			r. Info	RMANT Sal y Steir	ıbach,	, 56 S. Du		Ave-2	2
20a. ACCIDENT W	immediate DUE TO	D) D) E) HDITIONS (	CH FON 10 LUNG CONTRIBUTING TO DEATH	BUT NOT	SCES S	NAL DISEAS	SE CONDITION GIVI	EN IN PART	PERF	AUTOPSY ORMED? NO
OR CONTRIBUTING (IF EITHER, NOTIFY  20c. TIME OF INJUI  Hour o.m. p. m.	G CAUSE OF DEATH		NJURY OCCURRED 20e.  Not while	PLACE	OF INJURY (Home, farm street, office bldg., etc.	, 20f. (Cit		(C	ounty)	(Stote)
21. I certify it alive on		t - A		M.D.	3.3. L	M, from ADDRESS (S DUN  NIMA  210. LOCA	itroet, city or Jown, and All K free Land	nd on the state)  A M  Tresumbly County)	e date stat	ed above
23. FUNERAL DIRECTOR			ADDRESS	eme		P. BY, REGIS	gate, Md.	TRAR'S SIG	NATURE,	
Ullrich Fr	meral Home	2112	2 Dundalk Ave		DATE	W27	59	Court .	Trans	

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# FOR STATE HEALTH DEPT.

H

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours ofter death. If any delay is necess execute the certificate, writing the word "pending" in pendil in Item, 18. Give Pages 1, 2, and 3 to the funeral differ a should be formed at the Chief Medical Examiner's Office along with farm PM3. Page 5 may be retained to TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to burial, crematian, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

ory, please or. Page or files.

MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 1235 EDICAL EXAMINER'S CERTIFICATE OF DEATH

12342

Reg. Dist. No.

1. PLACE OF DEATH COUNTY Balt:	imore	MARYLAND	O. STATE	Maryla			Residence bef Baltime		sion)
b. CITY OR TOWN (If outside co		LENGTH OF STAY IN 16	1./	town (If outside Fore)		its, write RURA	L and give no	eorest fow	(n)
	INSTITUTION (If not in hospital	give street oddress)	d. STREET		50			e. IS RE	SIDENCE
	dman Ave.			09 Waldr	man Ave.			ON	NO T
3. NAME OF DECEASED	First	Middle	Los	0	F	Month	Doy	Ye	
(Type or print) ANNA S. STEPHENS DEATH NOVEMber							)	15	59
5. SEX 6. CO	OLOR OR RACE 7. MARRIED	NEVER MARRIED	8. DATE OF BIRTH		9. AGE	A. I	IDER TYEAR		
Female Whi	ite WIDOWED K	M DIVORCED	July II	14, 18		5 yrs. Mon	ths Days	Hours	Min.
10a. USUAL OCCUPATION (Give during most at warking life, e	e kind of work done 10b, KIND	OF BUSINESS OR INDUS	TRY 11. BIRTHPL	ACE (State or for	reign country)	12	CITIZEN OF	WHAT	COUNTRY?
At home			Pe	nna			U.S.	A.	
13. FATHER'S NAME			14. MOTHER'S	MAIDEN NAME					
John Walte	ers		Jo	hannah 1	?				
15. WAS DECEASED EVER IN U.		TAL SECURITY NO. 17.	INFORMANT	annega strage		Address			
No. (Il yes, gi	ive wor or dates of service)		Mrs. Wm	. H. Dav	wson 730	9 Waldn	nan Ave	-19	
18. CAUSE OF DEATH [Ente	ter only one cause per line for (		10		7			VAL BETWEE	
PART I. DEATH WAS	CAUSED BY:	CONDRY	Disen	LUSIO	V				The same of the sa
1420.1	DUE TO	1,-							
Conditions, if ony, whi	ich) (b)	5-C-V-	DISER	50					
gave rise to immediate car	luse (								
(a), stating the underlyi	(c)								
Z PART II, OTHER SIGN	NIFICANT CONDITIONS CONTE	HEUTING TO DEATH BUT	NOT RELATED TO	THE TERMINAL	DISEASE CONDIT	ION GIVEN IN	PART 1(o) 15		
N N N N N N N N N N N N N N N N N N N		11/10					1	PERFOR	NO D
PART II, OTHER SIGN  200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTE CAUSE OF DEATH.	S 20b. DESCRIBE HO	INJURY OCHURRED	(Enter nature of in	jury in Port I or	Port II of item 1	8.)			
	While	Not while of work	ACE OF INJURY (I ctory, street, office	Home, form, 20 bldg., etc.)	). (City or town)		(County)		(Stote)
21. I certify that I to	look charge of the rem	oins described ob	ove, held on	Autopsy [	], Inspection	on Lin	quiry 🕖	and	in my
opinion death resulte	ed from: Noturol cau	ses Accident	, Suicide	e [], Hom	icide [],	Undetermin	ed manne	r 🗆	981
ACTUAL SIGNATURE	1900	NS	M.D.	MEDICAL EXAMIN		11/	1-	DATE SI	GNED
EXAMINER'S MAME (Type)	1. B. DAV	is Mi		MEDICAL EXAM		11/8,	159.		
220. BURIAL, CREMATION, 22b		. NAME OF CEMETERY O	Ceme te	and the same of the same of	LOCATION (City		nty)	(Stole	
23. FUNERAL DIRECTOR'S SIGNA		ADDRESS		24o. REC'D BY		4b. REGISTRAR			-
	lubbard 4107	Wilkens A	venue	The second second	1 0 '59		w1 8. For		

# MARYLAND STATE DIFFERINGST OF HEALTH-DARSIMORE 18

	Marie Marie Land Control of the Cont			
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The state of the s				
iel 11'11'50 et. John's dene er, Johnstown, Jenna, lenna		su. John's	11,11,25	ur. 1
erd H. Gubigerd 4107 vilkons Avenue leagues an este este este este este este este est	mineral control of annual control		7/ [:] :	

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

12343

12360

**CERTIFICATE OF DEATH** 

Reg. Dist. No.

dughts noted to working life, even if refired and statement of the stateme	_		•
STAL GOLD ALL COLOR HOSPITAL (If not in hospial, give street address)	1.	1. PLACE OF DEATH  G. COUNTY BALTO,  MARYLAND  2. USUAL RESIDENT  O. STATE	
3. NAME COV   First   Modelle   First   Modelle   R N A GE   SATE   Mooth   Doty   Year   DECASION   PART	7	BURAL and give nearest town)	
DECEASED  Type or print     A. COLOR OR RACE   7. MARRIED   NEVER MARRIED   B. DATE OF BIRTH   9. AGE (in years in the print)   1.5 SEX   1.5 COLOR OR RACE   7. MARRIED   NOVORCED   DIVORCED   1.5 DATE OF BIRTH   9. AGE (in years in the print)   1.5 SEX   1.5 COLOR OR RACE   7. MARRIED   NOVORCED   DIVORCED   1.5 DATE OF BIRTH   9. AGE (in years in the print)   1.5 SEX   1.5 COLOR OR RACE   7. MARRIED   NOVORCED   DIVORCED		OOR INSPITUTION	ON A FARM?
DIVORCED	3.	DECEACED //	7/ OF 2010 17 56
13. FATHER'S NAME	5.	11/05	last birthday) Months Doys Haurs Min.
S. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.	100	during most af warking life, even if retired)	
Test now. or unknown    Test now or dotte of service    Test	13.	13. FATHER'S NAME 14. MOTHER'S M.	arthu Dittmar
PART I. DEATH WAS CAUSED BY, IMMEDIATE CAUSE (a) Leabral Throntosis ONSET AND DEATH JULY TO Conditions, if any, which gove rise to immediate couse (a), stoling the under lying couse lost.    DUE TO	15. (Ye	15. WAS DECEASEDEVER IN U. S. ARMED FORCES? (Yes, no, ar unknown)  If yes, give war or dates of service)	Stevernagel
Canditions, if only, which gover rise to immediate course (o), stoting the underly lying course lost.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(o) 19. WAS AUTOPSY PERFORMED? YES NO POR CONTRIBUTING CAUSE OF DEATH OR C		PART I. DEATH WAS CAUSED BY:	
GOVE THE TO IMMEDIATE TO INCIDENT WAS UNDERLYING OF CONTRIBUTIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED? YES NO PERFORMED? YES NO PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO PART 1 are Port II af item 18.)  20a. ACCIDENT WAS UNDERLYING DOWN IN PART 1(b) 19. WAS AUTOPSY PERFORMED? YES NO PERFORMED.  7. 19. 94 that I after 18.)  8. 19. 94 that I after 18.)  9. 19. 94 that I after 18.)  9		NULTO DUE TO	ARDIOVASCULAR ?
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While at wark   20e. PLACE OF INJURY (Home, form, 20f. (City or tawn)) (State)  21. I certify that I attended the deceased from \$ - /2 , 19.79, to \$ 0.00 \$\cdot \cdot \cd		couse (o), stoting the under:	PLDEMOE
20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED While Not while of work at wark 20f. (County) (State) PLACE OF INJURY (Home, form, 20f. (City or tawn)) (County) (State) Place of work at wark 20f. 19 20f. (City or tawn) (County) (State) Place of work at wark 20f. 19 20f. (City or tawn) (County) (State) Place of work at wark 20f. (County) (State) Place of work at wark 20f. (County) (State) Place of work at wark 20f. (County) (State) Place of Williams (County)	CATION	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO	PERFORMED?
21. I certify that I attended the deceased from \$ - 12. 1959, to Nov. 15. 1959 that I last saw the deceased alive on Nov. 15. 1959, and that death occurred at M. P. M. from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE CARL PROFILING M.D.  PHYSICIAN'S CARL PROFILING M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)  22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify)  23d. LOCATION (City, town, or caunty)  24d. REC'D BY REGISTRAR'S SIGNATURE			f injury in Port I ar Port II af item 18.)
alive on NOV. 15, 19.5.9., and that death occurred at M. from the causes and an the date stated above ADDRESS (Street, city or town, state)  ACTUAL SIGNATURE  ACTUAL SIGNATURE  PHYSICIAN'S CARL PROFTLING. M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spignty)  REMOVAL (Spignty)  22c. NAME OF CEMETERY OR CREMATORY REMOVAL (Spignty)  23. BURIAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  24a. REC'D BY REGISTRAR'S SIGNATURE	MEDICAL	20c. TIME OF INJURY Manth, Doy, Year 20d. INJURY OCCURRED Hour o. m. While Nat while of work at wark p. m. 19 of work at wark	Home, form, bldg., etc.) (City or tawn) (County) (State)
ACTUAL SIGNATURE CARL PROETLING. M.D. 326 W.LOVIJARD ST NOV. 18. 19.  PHYSICIAN'S CARL PROETLING. M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Spignty) 1/21/59 DOWNOON PARK  23. EUNERAL DIRECTOR'S SIGNATURE ADDRESS DE 24a. REC'D BY REGISTRAR'S SIGNATURE		21. I certify that I attended the deceased from $S = 12$ , $19\sqrt{9}$ alive on $NOV$ . 15 19.59, and that death occurred at	to Nov. 15, 1959, that I last saw the deceased
PHYSICIAN'S CARL PROETLING. M.D.  220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or caunty) (State)  23. BUNIERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE			ADDRESS (Street, city or town, state)  DATE SIGNED
23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRE	L		
Day Sulf I So	77		22d. LOCATION (City, town, or caunty) (State)
	23.	23. EUNERAL DIRECTOR'S SIGNATURE  ADDRESS  ADDRESS  28	

TO HOSPITAL OR ANTONDING PHYSICIAN: The law requires that the death certificate be executed within 24 hours offeedbath. Page 4 may be retained by the haspital or ottending physicion.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the runeral director, page 3 should be detached far use as the burial-transit permit. Then please remove corbon papers. Pages 1 and 2 should be fitted with the registror prior to burial, cremotion, ar removal, and in ony event within 72 hours after death. VS A15 (4) 15M 9/5B

MARYEAND STATE GEPARTMENT OF HEALTH-BALTIMORE, 18 Toront T TO ALC THE BUILDING

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VS.	A15ME(5)
5	M 9/55
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## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

12343	)
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-	19900	Reg. Dist. No.
1	PLACE OF DEATH LAD U.	2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission)
	Baltimore MARYLAND	a. STATE Maryland b. COUNTY Baltimore
	b. CITY OR TOWN (If outside corporate limits, write RURAL ond give negres) town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	Bowleys Quarters Md.	X Bowleys Quarters. Md.
	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)	d. STREET ADDRESS e. IS RESIDENCE
	242 Bay Drive	242 Bay Drive YES NO DE
1	NAME OF First Middle	Last 4. DATE Month Day Year
-	(Type or print) Medford Getz Talb	ott DEATH Nov. 21. 1959
1		DATE OF BIRTH  9. AGE  In years   IF UNDER 1YEAR   IF UNDER 74 HRS.   Months   Days   Hours   Min.
-	male   white   WIDOWED   DIVORCED	1-29-1894 65 yrs.
1	0a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF 8USINESS OR INDUST during most of working life, eyen if retired)	RY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY?
-	Manufact. Rep.	Maryland USA
1	3. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
1	(harles labott	Margaret Getz
	15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. IN 1989, give wor or dates of service)	NFORMANT Address
-	1213-05-6349	Julia I. Talbott same
1	18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:	INTERVAL BETWEEN ONSET AND DEATH
	IMMEDIATE CAUSE (o)	ycellain —
	400.1 DUE TO A-5-8-1/-	Dicarea
	Conditions, if any, which gave rise to immediate couse	UISER'S &
	(o), stoting the underlying DUE TO	
	couse lost. (c)	OT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT N	PERFORMED?
	20g. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCUPRED. IE	YES NO
	PRIMARY ar CONTRIBUTING CAUSE OF DEATH.	other nature of injury in Port I ar Port II of item 18.)
		GEOF INJURY (Home, form, 20f. (City or tawn) (Caunty) (State)
1	Hour o, m. p. m.  19 While Not while roctor of work	
	21. I certify that I taak charge af the remains described about	ve, held an Autapsy 🔲 , Inspection 🔃 Inquiry 🗓 and find that
	death resulted fram: Natural causes , Accident , Suid	cide, Homicide, Undetermined cause,
	mas s	7 DATE SIGNED
	SIGNATURE // // DAVS	_M.D. CHIEF MEDICAL EXAMINER []
	EXAMINER'S M & DAME	ASSISTANT MEDICAL EXAMINER
	NAME (Type)	DEPUTY MEDICAL EXAMINER
2	20. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR REMOVAL (Specify)	CREMATORY 22d. LOCATION (City, town, or county) (Stole)
-	burial 11/25/57 Parkwood (e	metery Baltimore, Md.
2	3. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  ADDRESS	246. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
4	Leonard J. Ruck 5305 Harford Rd	DATE NUV 25 59 Coilmy S. Kraus

MEDICAL EXAMINER'S CELTIFICATE OF DEATH.	
To the task of the	
The state of the s	

funeral director, uld be filed with and completely filled in by the funero bon popers. Pages 1 and 2 should be may be retained be haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and complet page 3 shauld be detached far use os the burial-transit permit. Then please remove carbon papers, the registrar prior to burial, cremotion, ar removal, and in any event within 72 hours after death.

Page 4

ENDING PHYSICIAN: The low requires that the death certificate be executed within 24 hours aft TO HOSPITAL OR VS A15 (4) 15M 9/58

	12363		CERTIFIC	ATE OF DEAT	Н		Reg. Dis		020
1. PLACE OF DEATH a. COUNTY Baltimor	e		MARYLAND	2. USUAL RESIDENCE (W. g. STATE  Marvland	Vhere deceased	d lived. If institution b. COUNTY		e before adi	mission)
	f outside corporate limi earest town)	ts, write c. LEN	IGTH OF STAY IN 1b	c. CITY OR TOWN (IF				ive nearest t	own)
d. NAME OF HOSPIT OR INSTITUTION	AL (If not in hospitol, o			d. STREET ADDRESS	ns Ian	•		O	RESIDENCE N A FARM?
3. NAME OF DECEASED	IILIAM E	st	Middle	Last	4. DATE OF DEATH	Nov. 22		Day	Yeor 19
5. SEX	6. COLOR OR RACE	7. MARRIED M	NEVER MARRIED DIVORCED	B. DATE OF BIRTH  Oct.13.1883		9. AGE (In years last birthdoy) 76 yrs.		Doys Ho	DDER 24 HRS
Oa. USUAL OCCUPATION during most of work Retire  13. FATHER'S NAME	ting life, even if retired	farm (		ISTRY 11. BIRTHPLACE (Stor	Md	ountry)	12. CITI2	EN OF WHA	AT COUNTRY
15. WAS DECEASED EVE	e E.Talbot	CES? 16. SOCIAL	SECURITY NO.	Georgi	a Gait	her	ress .		
Conditions, if a gave rise to i cause (a), stating lying cause last.  PART II. OTH OR CONTRIBUTING (IF EITHER, NOTIFY	the under-	yen,	erales Seon	Outes T NOT RELATED TO THE TERM	Sch WINAL DISEAS	E CONDITION GIV	EN IN PART	PE	AS AUTOPSY RFORMED?
20c. TIME OF INJUR Hour a. m. p. m.	CAUSE OF DEATH MEDICAL EXAMINER)	ar 20d, INJURY ( While N at work at	DCCURRED 20e. P for while work	LACE OF INJURY (Home, for parties), street, office bldg., e	rm, 20f. (City			ounty) st saw the	(State
ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	109mm	1954 1- De	e Fo	m.d. 6 Des	ADDRESS (S	the causes and treet, city or town,	Bec		ted abave
22a. BURIAL, CREMATIC REMOVAL (Specify) BURIAL	11-25-	DF 22c. 1	St. Johns		El	TION (City, town, clicott Ci	ty.Md		State)
23. FUNERAL DIRECTOR	s signature		DDRESS	24a. REG DATE	NOV 2 7	TRAR 24b. REGI	STRAR'S SIG		

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	yako stockis		afiltes	ac *4"					
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	odeles digrass		SOCIETY IS AN	26.00					
	10, world prover in			0.5					
TO AN ALL DAY									
N-EN									
			Mark St.						
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Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution; Residence before edmission) or your files. a. COUNTY Health, b. COUNTY Kent Baltimore MARYLAND b. CITY OR TOWN (if outside corporeta fimits, c. CITY OR TOWN (If outside corporeta limits, write RURAL and give nearest town) c. LENGTH OF STAY IN 16 write RURAL and give neerest town) 0 Rock Hall Fort Howard Board may be retained for d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ould be executed within 24 hours after death. If any delay in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral Fort Howard Hospital State YES NO death. 3. NAME OF Middle 4. DATE Month Last Dev DECEASED the 8, (Type or print) THOMPSON DEATH November 1959 JOHN C. with 5. SEX 8. DATE OF BIRTH AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED and 2 w last birthday) Hours Min. Male WIDOWED [ DIVORCED 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY I 12. CITIZEN OF WHAT COUNTRY? form PM3. Page done during most of working life, even if retirad) pages 1 within 7 13. FATHER'S NA FIG event CAL EXAMINER: This certificate should be executed within 16. SOCIAL SECURITY NO. permit. (Yes) np. or unkown) | (Ifyasgive warpr detas of sarvica Office along with buriel-fransit permi (Enter only one cause per line for (a), (b), and (c), 2 ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Bronchopneumonia pue IMMEDIATE CAUSE (a) DUE TO removal, Brain trauma Conditions, if any, which (b) please execute fire certificate, writing the word "pending" 4 should be forwarded to the Chief Medical Examiner's CO FUNERAL DIRECTOR: Page 3 should be used as a b gava rise lo immadiata causa DUE TO (a), steting the undarlying 20 cause last. cremation, PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY CERTIFICATION PERFORMED? should be forwarded to the Chief Medical FUNERAL DIRECTOR: Page 3 should be to the control of th K NO T 20a. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) PRIMARY TO OF CONTRIBUTING TO CAUSE OF DEATH. Passenger of auto into fixed object WEDICAL 20d. INJURY OCCURRED | 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (Slate) 20c. TIME OF INJURY Month, Day, Year (County) fectory, street, office bldg., etc.) Not While While Md. Rock Hall Kent treet at work at work 21. I certify that I took charge of the remains described above, held an Autopsy X, Inspection Inquiry and in my opinion designated agent, Suicide Undetermined manner Accident Homicide death resulted from: Natural causes CHIEF MEDICAL EXAMINER TO ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED 2 DEPUTY M SIGNATURE DEPUTY MEDICAL EXAMINER EXAMINER'S Russell S. Fisher, M.D. NAME (Type) Addrass (Streat, city, lown, or county) 22c. NAME OF CEMETERY OR CREMATORY 22a, BURIAL, CREMATION, 22b. 22d, LOCATION (City, town, or country) **BEMOVAL** (Specify) REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR VS. A15ME 1 3 '59 5M 7/59

Items 18-21, Film 252 MARYLAND STATE DEPARTMENT OF HEALTH

MARILE DE TER THE LOCAL STATES STATES ANSIGNOMISM FORK HALL ME The state of the s AND THE MODEL OF THE PORT OF THE PROPERTY OF THE PARTY OF has the world the things of the same of th

death certificate assembly should be detached for use as a burial transit permit.

VS A15C 1-55 10M

DATE

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFIC

ARTMENT	OF HEALTH-BALTIMORE, 18	12349
CATE	OF DEATH	TMUTU

12366			Re	eg. Dist. No	***************************************
1. PLACE OF DEATH		2. USUAL RESIDE	NCE (HOME) OF DI	ECEASED	
COUNTY Baltimore CITY (If outside corporate limits, write RURAL	MARYLAND LENGTH OF STAY	STATE Mary	county	Balti:	
or end give nearest town) Town Reisterstown	(in this place) 22 yrs	X TOWN Reist	terstown		
HOSPITAL OR INSTITUTION OR Thompson Avenus	ie	ADDRESS Thor	npson Aven		
DECEASED	onard Ti	(Last) nkler	4. DATE (Mon	vember 2	(Yeer) 19 5 9
S. SEX 6. COLOR OR RACE WIDOWED, DIVI (Specify)			9. AGE last birthday 77 yrs.	IF UNDER 1 YEAR  Months Days	Hours Min.
10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if OR	of Business Industry 1 manager	11. BIRTHPLACE (Stete or for Maryland	eign country)	12. CITIZE COUN USA	N OF WHAT
3. FATHER'S NAME	1110110501	14. MOTHER'S MAIDEN	NAME	1021	
George Tinkler		Catherin	ne Wornell		
IS. WAS DECEASED EVER IN U. S. ARMED FORCES?   16.	SOCIAL SECURITY NO.	17. INFORMANT &			
(Yes, no, or unk.) (If Yes, give wer or detes of service)	-03-3736	Arthur O	Tinkler Re	eisterst	own Md
I DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH)	18. MEDICAL CER	nemo	rhage	INTE	RVAL BETWEEN SET AND DEATH
ANTECEDENT CAUSE(S) DUE TO TO DISEASES OR CONDITIONS, IF ANY (8)	yestens	ion of	arletion	the y	lears
GIVING RISE TO THE ABOVE CAUSE DUE TO STATING UNDERLYING CAUSE LAST. (C)			1		
TO THER SIGNIFICANT CONDITIONS CONTRIBUTING TO THE DEATH BUT NOT RELATED TO THE DISEASE OR CONDITION CAUSING DEATH.	ronary	Thronk	nie	19	38
98. DATE OF OPERATION 196. MAJOR FINDINGS C	OF OPERATION			20 YES	
216. ACCIDENT WAS UNDERLYING   216. PLACE (Homa, DR CONTRIBUTING   CAUSE OF DEATH OF INJURY straet, of (IF EITHER, NOTIFY MEDICAL EXAMINER)		21c. WHERE DID INJURY OCCU	JR? (City or town)	(County)	(State)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 21e. While M. at wo	Not while	21f. HOW DID INJURY OCCU	JR?		
22. I hereby certify that I attended the decea		4 ag 45-	3-5919	, that I last say	w the deceased
alive on	that death occurred at		RESS (Streat, city, town		e. DATE SIGNED
James L. Saffel	M.D.	Justes 1	my my	7 11-4	-59
23. PORTAL, CREMATION, REMOVAL (SPECIFY) DUTIAL  NOV 5/1959	Deer Park		Reisters		(State)
NOV 5 '59 REGISTRAN'S SIGNATURE CANAL & KILLING & KILLIN	4	25. FUNERAL DIRECTOR'S	signature man & Sone	. Reinter	.1

# CERTIFICATE OF DEATH

Sept 2010 year	Charles of Lines 1	SEMPINITES.	nace	
oleranos comente	Tal united to manhance			OR POSTERON DE
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## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

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	12203	النظالة				m. 1		Reg.	Dist. No	o.	
1. PLACE OF DEATH o. COUNTY	Baltimor	3	MARYL		a. STATE	Where decea	sed lived. If institu b. COUNT	~	dence be		iision)
b. CITY OR TOWN (If and give nearest town)		RURAL	c. LENGTH OF STAY IN	1 1b	c. CITY OR TOWN ( 53 DUNDA		porate limits, write	RURAL P	give r	nearest to	own)
d. NAME OF HOSPITA		If not in hos	pitol, give street oddress)		d. STREET ADDRESS	tmut S	t.			ON	RESIDENCE A FARM?
3. NAME OF DECEASED (Type or print)	John .	st	Middle Caleb	y	lost	4. DATE OF DEATH	Mont	h	Day 28		Yeor 1 <b>395</b> 9
SEX M		7. MARRIE	NEVER MARRIED	8. D	ATE OF BIRTH	1918	9. AGE (In years lost birthday) 41 yrs.	IF UNDE Months			DER 24 HR Min.
Oa. USUAL OCCUPATION during most of working	ON (Give kind of work of life, even if retired)	321 152	steel plan	IDUSTRY				12. CI	TIZEN O	F WHAT	COUNTR
13. FATHER'S NAME	10000		JOCCI PIAL		MOTHER'S MAIDEN	NAME			9)		
15. WAS DECEASED EVE	R IN U. S. ARMED FO (If yes, give wor or dates of				Ann Toy		Address	Pi	tche	er S	tree
Conditions, if or gove rise to immed (o), stating the ucouse last.	biole cause DUE TO	S	unatic heart tenosis and	regi	ergita <b>tion.</b>				RT 1(a)	IP. WAS	AUTOPS
PART II. OTH	ISE WAS 20	b. DESCRIBI	E HOW INJURY OCCURR	ED. (Ente	r noture of injury in Pc	art I ar Port II	of item 18.)			PERFO YES []	ORMED?
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Day, Yea	While		PLACE	OF INJURY (Home, far, street, office bldg., et	rm, 20f. (Cit	y or town)	(C	ounty)		(Stote)
		_	remains described  Accident		de [], Hamicid	le 🔲, U	nspectian A	-			find th
EXAMINER'S NAME (Type)	W. Bradley		Jr., M.D		A.D. CHIEF MEDICAL I  ASSISTANT MEDI- DEPUTY MEDICAL  EMATORY	CAL EXAMINI	ER A			(\$) a1	ite)
REMOVAL (Specify) 23. FUNERAL DIRECTOR	12/3/0	59	Balt. ADDRESS	K	NE.	D BY REGIS	Elin	core	IGNATU	RE	

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or removal. VS. A15ME(5) 5M 9/55

MARIENCAL EXAMINER'S CEREINCATE OF SEATH 2 ( / relias syot min . ot ) or an idea by water with the real of Management of the same of the ACTUAL TO A PROPERTY OF THE PARTY OF THE PAR The same of the sa

permit. gned burial-transit certificate detached FUNERAL DIRECTOR:

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registrar

director

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filled

campletely

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physician

attending

death certificate

ACTUAL PHYSICIAN NAME (Type)

alive an

22b. DATE THEREOF

Ave.

21. I certify that I attended the deceased fram.

Moreland Memorial

BALTO. 29 22d. LOCATION (City, tawn, ar caunty)

\_, and that death occurred at 125 PM, from the causes and an the date stated above.

ADDRESS (Street, city or tawn, state)

(State)

22a. BURIAL CREMATION. REMOVAL (Specify)

Edmondson

22c. NAME OF CEMETERY OR CREMATORY

24a. REC'D BY REGISTRAR

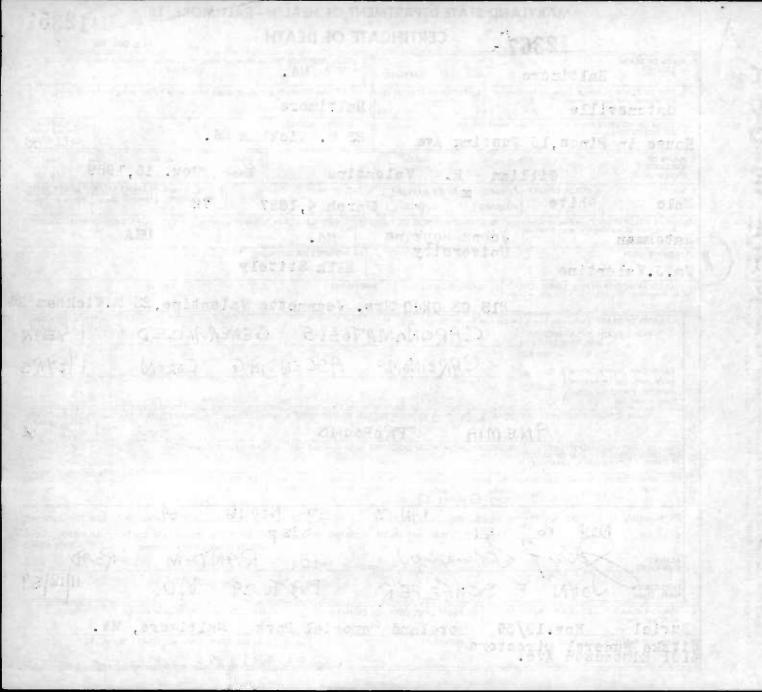
Baltimore, Md. 24b. REGISTRAR'S SIGNATURE

NOV 1 9 '59 DATE

Out of & King

1959 that I last saw the deceased

page 10 VS A1S (4) 1SM 9/S8



executed thot the TO FUNERAL DIRECTOR: poge 3 should be detac

VS A15 (4) 15M 9/5B

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY YES NO (County) ADDRESS (Street, city ar town, state)

Rea. Dist. No 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) b county of Baltimore c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)

. IS RESIDENCE ON A FARM? YES NO NO Year SAT. 1959 IF UNDER 1 YEAR IF UNDER 24 HRS Months Days Hours

12. CITIZEN OF WHAT COUNTRY? U.S.A

(Stote)

GREENGLADE RD.

INTERVAL BETWEEN ONSET AND DEATH PERFORMED?

My 2/ 1959 that I last saw the deceased and that death occurred at / A.M. from the causes and on the date stated above.

East Biddle Street 11/23/59

220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, ar county) (Stote) 11-24-59 PROSPECT TOWSON MD.

23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE lowson 4. Md24 NOV 2 5 '59 BROOKS FUNERAL SER. 622 YORK arthur & Kraue DATE

SEES DES PERSONAL PRINCE CONTROL AND ST. organis La Addition XXIII XXIIIXXII XXIII RUNDON A. PONTE. PONTE. LOAD ON THE COURT AVE. LOAD ON THE COURT OF AUTHOR OF THE STATE OF THE STAT THE MODIFIED STORE OF STORE TEST OF THE A THE RESERVE AS A STATE OF THE PERSON OF TH the at the commission of the c BELLAND 11-24-59 TERGERECT PILL TOWNS UNITED SHOOKS FURNEAU SEC. 522 VERY NO. 1

# FOR STATE HEALTH DEPT.

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18
12369EDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist. No.12353

PLACE OF DEATH					2. USUAL RESIDENCE (	Where dece	osed lived. If insti	tution: Residence	e before adn	nissian)
e. COUNTY	AND	o. STATE Maryland b. COUNTY Baltimore								
b. CITY OR TOWN (If and give request fown)	outside corporate limits, writ	RURAL	c. LENGTH OF STAY IN	1 lb	c. CITY OR TOWN (		rporate limits, writ	e RURAL and g	ve nearest to	awn)
	White Mar	sh	77		X Whi	te Mar	rsh			
d. NAME OF HOSPITA	AL OR INSTITUTION (	If not in hosp	pital, give street address)		d. STREET ADDRESS					RESIDENCE
	Ebenezer	Rd.			Ebe	nezer	Rd.			ON 🔀
3. NAME OF DECEASED	Fir	sf	Middle		Last	4. DATE	Man	vth	Day	Year
(Type or print)	He	elen	M.		Vincent	DEATH	No	ov. 27		19 59
5. SEX	6. COLOR OR RACE	7. MARRIE	D NEVER MARRIED	8. 0	DATE OF BIRTH		9. AGE (In years lost birthday)	IFUNDER 14		
Female	White	WIDOWED	DIVORCED [		March 4.	1894	65 yn	Months Da	ys Hours	Min.
10a, USUAL OCCUPATION during most of working	ON (Give kind of work	done 10b. K	IND OF BUSINESS OR IN	NDUSTRY	11. BIRTHPLACE (Stote	e or fareign	country)	12. CITIZE	N OF WHA	T COUNTRY
Housew.			At Home		Balt	o. Md	A	115	SA	
13. FATHER'S NAME					4. MOTHER'S MAIDEN	NAME				
M:	ichael Dou	ghert	v		Julia	Mar	tin			
15. WAS DECEASED EV	ER IN U. S. ARMED FO		SOCIAL SECURITY NO.	17. INF	ORMANT		Addre	11		
No	(it yes, give was as asset of		None	Mrs	. Ida Gray	Eben	ezer Rd.	White N	larsh.	Md.
18. CAUSE OF DEA	TH Enter only one car	use per line f		-					INTERVAL SETV	MEEN
PART I. DEAT	H WAS CAUSED BY:	A-	5-C-V-	-	DISCAS-	e			CHST XIVO D	IAIN .
11221	DUE TO									
Conditions, if a										
gave rise to immed	diote couse									
(o), stating the cause lost.	underlying	1								
Z MART II. OTH	ER SIGNIFICANT CON		INTRIBUTING TO DEATH	BUT NO	T RELATED TO THE TERM	AINAL DISEA	SE CONDITION G	IVEN IN PART 1		
B. DIA	betes	Mei	LLITUS						YES [	NO [
ARI II. OTH	USE WAS TRIBUTING []	Db. DESCRIBE	HOW INJURY OCCURR	ED. (Enl	er nature of injury in Pa	rt for Port	II of item 18.}			1
3 20c. TIME OF INJU	RY Month, Day, Ye	or 20d. It	NJURY OCCURRED 20e	CPLACE	OF INJURY (Home, far	m, 20f. (Ci	ty or town)	(Count	y)	(State)
Y 20c. TIME OF INJUI	19	While at war		factor	, street, affice bldg., et	c.)		/		
			emains described	abov	e held an Auton	«V 🗖	Inspection [	Inquiry	F7 0	nd in my
			_/	-		Homicid	-		-	io iii iiiy
apinion death	resulted from:	Natural c	auses Accide	eni	, Suicide,	Homicia	e [], Under	termined mo	inner [	
ACTUAL SIGNATURE	Ma	87	ws		M.D. CHIEF MEDICAL E	EXAMINER [	3	11/2	DATE	SIGNED
EXAMINER'S NAME (Type)	n.B.	DAI	lis mi	)	DEPUTY MEDICAL		-	11/30	15	7 -
220. BURIAL, CREMATIC REMOVAL (Specify)		OF	22c. NAME OF CEMETER	RY OR C	REMATORY	22d. LOC	ATION (City, lown	, or county)	(310	ste)
Burial	12-1-195	9	St. Jose	enh t	S	Full	lerton. I	Balto. C	o. Nd	
23. FUNERAL DIRECTOR	'S SIGNATURE	11	ADDRESS	,		'D BY REGI	STRAR 246. REC	Balto C	ATURE	
Xassah	within! +	8mm	74011054	nh o	DATED!	FC 2 '	59 0	rthun & to	rough	

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is need execute the cert.

e. writing the word "pending" in pendi in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be farked deto the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained forty.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Baard as its designated agent, priar to buriarly crematian, or removal, and in any event within 72 hours after death. VS. A15ME 5M 2/57

STATE ROLL

e. IS RESIDENCE

IF UNDER 1 YEAR IF UNDER 24 HRS

U.S.A.

(County)

.that I last saw the deceased

(Slote)

Hours

INTERVAL RETWEEN ONSET AND DEATH

> PERFORMED? YES T

> > (Stote)

12 CITIZEN OF WHAT COUNTRYS

YES NO IX

Year

1959

Min

Reg. Dist. No.

Raltimore

Months

poge 0 VS A15 (4) 15M 10/57

23. FUNERAL DIRECTOR'S SIGNATURE

ADDRESS 240. REC'D BY REGISTRAR DATE NOV 2 4 '59

Holv Redeemer Cemetary

24b. REGISTRAR'S SIGNATURE Clarking & Thousa

Baltimore, Maryland

FOR STATE HEALTH DEPT.

TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessary, please execute the cert.

2. writing the word "pending" in pendil in them, 18. Give Pages 1, 2, and 3 to the funeral of the should be forwarded to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. Fire pages 1 and 2 with the State Board of Health, are its designated agent, prior to burial, cremation, or removal, and in any event within 72 hours after death.

VS. A15ME 5M 2/57

# MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

Reg. Dist.	1	2	3	5	-
Reg. Dist.	No.	-	0		1

1. PLACE OF DEATH O. COUNTY Baltimore MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  o. STATE  b. COUNTY  b. COUNTY
b. CITY OR TOWN (it outside corporale limits, write RURAL c. LENGTH OF STAY IN 16 and giver recrept town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest tawn)  52  Catonsville
d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  5 Paradise Avenue	d. STREET ADDRESS  5 Paradise Ave  6. IS RESIDENCE ON A FARM? YES NO.
3. NAME OF DECEASED (Type or print) Mr Thomas Leonard	Walter of November 9th 19 59
5. SEX Malb  6. COLOR OR RACE White WIDOWED DIVORCED  7. MARRIED NEVER MARRIED  8. DIVORCED	May 22, 1886 T3 yrs. Months Doys Hours Min.
10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUST during most of working life, even it retired) Ret. Cng. General Motors	RY (9). BIRTHPLACE (Stote or foreign country)  Baltimore, Maryland  USA  14. MOTHER'S MAIDEN NAME
Charles C. Walter	Harriet A. Poulton
	Wrs. Alice Grimm 2902 Onyx Rd. Balto.
18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o)  / / / ×  DUE TO  Conditions, if ony, which gove rise to immediate couse (o), stating the underlying couse lost.  (c)  CARCINOMA of the	Prostate
Transuretheral prastactomy performe	not related to the terminal disease condition given in Part 1(0) 19. Was autopsy Performed?  d in October 1959 Yes No
200. EXTERNAL CAUSE WAS PRIMARY OF CONTRIBUTING CAUSE OF DEATH.	Enter noture of injury in Port I or Part II of item 18.)
	CE OF INJURY (Home, form, 20f. (City or lown) (County) (State) ory, street, office bldg., etc.)
21. I certify that I taak charge af the remains described abo opinion death resulted fram: Natural couses Accident [  ACTUAL SIGNATURE S	M.D. CHIEF MEDICAL EXAMINER ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER MEDICAL EXAM
220. BURIAL CREMATION, Part THEREOF 22c. NAME OF CEMETERY OR Burial 11/12/59 Loudon Part	k Cemetery Baltimore, Maryland
Leonard J. Ruck 5305 Harford Roc	ad #14 DATE NOV 1 3 '59 246. REGISTRAR'S SIGNATURE

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Sallisand Bearing	Anudon Faul Lemeton	TOTAL TANKS
The second secon	Manager and Manager	
		Econosta , med project

12372

### **CERTIFICATE OF DEATH**

Reg. Dist. No. 12356

	/				Key, Dist. 14	y
1. PLACE OF DEATH o. COUNTY Baltimore	MARYLA		DENCE (Where decess Maryland	ed lived. If instituti b. COUNTY		
b. CITY OR TOWN (If outside corporate limits RURAL and give negrest town) CATONSVILLE	6. Write c. LENGTH OF STAY IN  6yrllmthl8	N .	TOWN (If outside corposet Hill,		URAL and give no	earest town)
d. NAME OF HOSPITAL (If not in hospital, gives or institution SPRING GROVE STATE	ve street address) HOSPITAL	d. STREET	orest Hill	Md.		e. IS RESIDENCE ON A FARM? YES NO
3. NAME OF First		War d		Mon	- 1	lay Year
	7. MARRIED NEVER MARRIED WIDOWED DIVORCED [			9. AGE (In years lost, birthdoy) 54 yrs.	Months Doys	R IF UNDER 24 HRS. Hours Min.
10c. USUAL OCCUPATION (Give kind of work deducing most of working life, even if retired)  far mer	one 10b. KIND OF BUSINESS OR I		ACE (Stote or foreign aryland	country)	12. CITIZEN U. S	OF WHAT COUNTRY?
13. FATHER'S NAME		14. MOTHER'S	MAIDEN NAME			
Frederick Ward		Cas	sie E. Hec	K		
15. WAS DECEASED EVER IN U. S. ARMED FORC  [Yas, no, or unknown]  [If yes, give wor or detail of ser  Inlcnown	Unknown	17. INFORMANT Records:	SPRING G	Add ROVE STA		ITAL
Conditions, if any, which gove rise to immediate couse (a), stoting the under-lying cause lost.  DUE TO  (c).						
PART II. OTHER SIGNIFICANT COND  200. ACCIDENT WAS UNDERLYING  OR CONTRIBUTING  CIF EITHER, NOTIFY MEDICAL EXAMINER)					ZEN IN PART 1(o)	PERFORMED? YES NO
	206. DESCRIBE HOW INJURY OCC	LURRED. (Enter noture o	of injury in Part I or Pi	ort II of item 18.)		
20c. TIME OF INJURY Month, Day, Year Hour a.m. p. m.	T 20d. INJURY OCCURRED 20 While Not while of work of work	PLACE OF INJURY foctory, street, offic	(Home, farm, 20f. (Ci e bldg., etc.)	ty or town)	(County	) (Stote)
21. I certify that I attended the alive on Nov. 24  ACTUAL SIGNATURE SULLIN A PHYSICIAN'S Bruno Rada:	deceased from NOV. 19 52, ond that deceased aurkar uskas, M. D.	eath occurred at	7:15p M, fro	om the causes of Street, city or town, STATE 1	ond on the destroic HOSPITAL	DATE SIGNED
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify) 200 27	1959 Dor Creek	ERY OR CREMATORY Melliot	eir Ches	trut /	fell	(Stote) Tuck
23. FUNERAL DIRECTOR'S SIGNATURE WAT WRELE	ADDRESS Bensin	-md	DATENOV 2 7		STRAR'S SIGNATI	

TO HOSPITAL OR ATTENDING PHYSICIAN: The low requires that the death certificate be executed within 24 haurs offer death. Page 4 may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by they where director, page 3 should be detached for use as the burial-transit permit. Then please remove carbon pages 1 and 2 should be filled with may be retained TO FUNERAL DIRE

the registrar priar to burial, cremation, ar remaval, and in any event within 72 hours of

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	To the Date of State
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server room of which he are	Amerika - Amerika Amer

signed been has moy be retained TO FUNERAL DIRECTOR: A page 3 should be detach pri

SIGNATURE

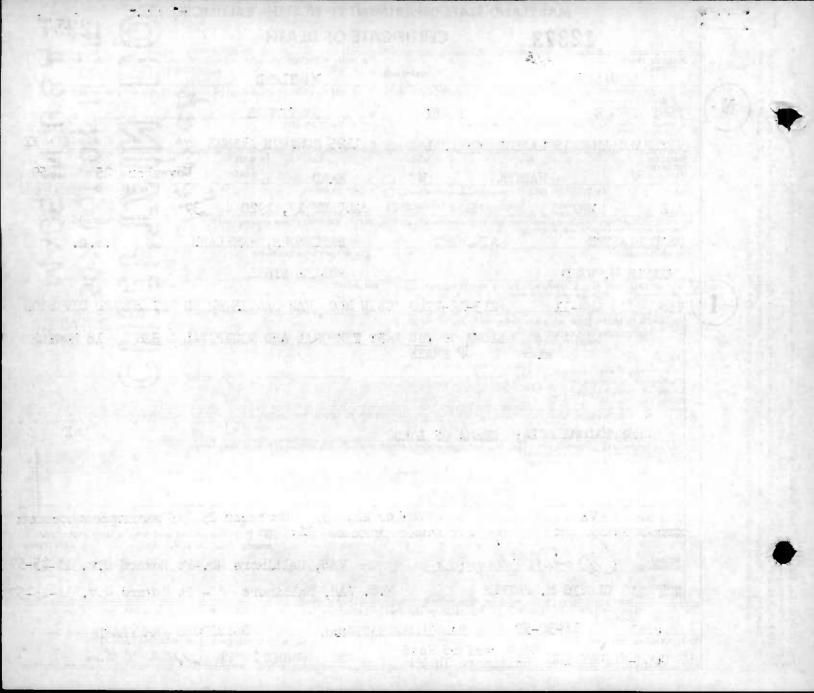
PHYSICIAN'S NAME (Type) CLOVIS M. M.S. VAH. Baltimore Md - Ft Howard Div. 11-25 SNYDER 220. BURIAL CREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, tawn, or county) (State) REMOVAL (Specify)

11-30-59 Buria BALTIMORE NATIONAL 23. FUNERAL DIRECTOR'S SIGNATURE Harford Road WM COOK-BLIGHT Baltimore II Md

ORE MARY LAND 24g. REC'D BY REGISTRAR arthur S. Kraus DATE DEC 2

BALTIMORE

VS A15 (4) 1SM 9/SB



VS A15 (4) 15M 10/57

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

**CERTIFICATE OF DEATH** 

12358 Red Dist No

L	12374 CERTIFIC	ATE OF DEATH Reg. Dist. No.
1.	PLACE OF DEATH O. COUNTY Ballo MARYLAND	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. STATE b. COUNTY
	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
	d. NAME OF HOSPITAL (If pot in hospital, give street oddress) OF INSTITUTION Tablesa	d. STREET ADDRESS.  1021 B Eastern (no YES   NO
3.	NAME OF DECEASED (Type or print) Zvely Water Wat	Last 4. DATE Manth Day Year OF DEATH // 1959
2	6. COLOR OF ACE 7. MARRIED NEVER MARRIED WIDOWED DIVORCED	8. DATE OF BIRTH 10-27-12/19 9. AGE (In years lost birthday) 45 yrs. IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
L	do. USUAL OCCUPATION (Give kind of work done during most of working life, even it retired)	Va UIA.
L	Exp Stallard	14. MOTHER'S MAIDEN NAME Hellism
	(es, ng/or unknown) (If yes, give wor or dates of service)	mes Wassen Jame,
	18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).]  PART I. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (o).	Crotic Cardiovascular disea interval Between
	Conditions, if any, which (b)	4 gass
	gove rise to immediate cause (a), stating the under-lying cause lost.	
CATION	Pronulie ctarea	T NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO
L CERTIF	OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)	ED. (Enter nature of injury in Part I or Part II of item 18.)
MEDICA		LACE OF INJURY (Home, form, 20f. (City or town) (County) (State) actory, street, office bldg., etc.)
	21. I certify that I attended the deceased from. 1-15	The deceased
	ACTUAL M. a. Casta,	ADDRESS (Street, city or town, state)  ADDRESS (Street, city or town, state)
	PHYSICIAN'S M. A.CASTRO, JRYMI	),
1	DE BURIAL, CREMATION 22b. DATE THEREOF 220-NAME OF CEMETERY CORENOVAL (Specify)	Moenety Russell to Va
27	FINE ADDRESS SIGNATURE 140 7 Easlew Lu	DATE  DATE  246. REGISTRAR  246. REGISTRAR'S SIGNATURE  DATE

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# FUNERAL DIRECTOR:

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VS A15 (4)

15M 9/58

CERTIFICATE OF DEATH Rea. Dist. No PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY filed o. STATE b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) pluods Pikesvil Pikesvi d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS OR INSTITUTION 22 Castleon NAME OF First Middle 4. DATE Month DECEASED (Type or print) Weber DEATH George November 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS. lost birthdoy) Months WIDOWED | DIVORCED | yrs. papers. 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) during most of working life, even if retired) Masonary-Contractor Randallstown. Contractor 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME aft. Albert Mary Klohr Weber 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO **INFORMANT** 72 Wever 2 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c)." ā. PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (o) DUE TO permit. any Conditions, if ony, which gave rise to immediate DUE TO c couse (o), stoting the underlying couse lost. burial-transit 20a. ACCIDENT WAS UNDERLYING [] 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.) OR CONTRIBUTING | CAUSE OF DEATH the (IF EITHER, NOTIFY MEDICAL EXAMINER) 20e. PLACE OF INJURY (Home, farm, 20f. (City or town) 20c. TIME OF INJURY Doy, Year 20d. INJURY OCCURRED foctory, street, office bldg., etc.) Hour o. m While Not while of work of work

22b. DATE THEREOF

0

7050

220. BURIAL CREMATION.

REMOVAL (Specify)

23. FUNERAL DIRECTOR'S SIGNATURE

Pil-Address 77 Castleon INTERVAL BETWEEN ONSEJ AND DEATH PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO MEDICAL (County) p. m. 21. I certify that I attended the deceased fram That I last saw the deceased and that death occurred at alive an M, fram the causes and an the date stated above. ADDRESS (Street, city or town, stote) ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)

22c. NAME OF CEMETERY OR CREMATORY

ADDRESS

Cemeterv

Z4a. REC'D BY REGISTRAR

DATE NOV 1 3 '59

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

e. IS RESIDENCE

Day

Doys

ON A FARM?

YES NO K

Year

19

(Stote)

DATE SIGNED

(State)

22d. LOCATION (City, town, or county)

24b. REGISTRAR'S SIGNATURE

arthur & Kraud

Hours

12. CITIZEN OF WHAT COUNTRY?

129-13 Texterior 

MEDICAL EXAMI sory, pleose execremotion, PLACE OF DEATH o. COUNTY Baltimore M EXAMINER: This certificate should be executed within 24 hours ofter death. If ony deloy is neglected virting the word "pending" in pencil in Item 18. Give Pages 1, 2, and 3 to the funeral directorief Medical Examiner's Office along with form PM3. Page 5 may be retained for your files. R: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the registrar prior to burial, b. CITY OR TOWN (If outside corporate limits, write RURAL c. LENGTH OF ST and gire negrot town Highlands d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street and 3. NAME OF DECEASED Middle Louis Weber (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MAR Male White WIDOWED TO DIVORC 10a. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS during most of Holking life, even if fallied). 13. FATHER'S NAME 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY service cute the certification writing the word "bending" in pencil in Item 18. Givenworded to the Chief Medical Examiner's Office along with form PM3.

TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. 18. CAUSE OF DEATH [Enter only one cause per fine far (a), (b), and (c) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (o) 900.0 DUE TO Conditions, if ony, which gove rise to immediate cause **DUE TO** (o), stoting the underlying cause lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO D CERTIFICATION 0 20g. EXTERNAL CAUSE WAS PRIMARY OF OF CONTRIBUTING CAUSE OF DEATH. 20b.-DESCRIBE HOW INJURY OC down cell MEDICAL 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED Hour Pm. Not while ol work of work p. m. 21. I certify that I took charge of the remains descri death resulted from: Natural causes ACTUAL SIGNATURE remova S.M. Kieffer M.D **EXAMINER'S** NAME (Type) 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEA REMOVAL (Specify) St. 23. FUNERAL DIRECTOR'S SIGNATURE VS. AISME(S) DATE NUV Curry S. Thank 5M 9/55

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

NER'S	CERTIFI	CATE OF	DEATH	Reg. Dist. No	12360
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ay in 16 Is		WN (If outside cor • Highlan	porate limits, write	RURAL and give r	negrest town)
dress)	d. STREET ADD	Ohio Ave			e. IS RESIDENCE ON A FARM?
	Last	4. DATE OF DEATH	Month	Doy	Year 19
RIED   B.	DATE OF BIRTH		9. AGE (In years lost birthday) yrs.	IF UNDER TYEAR Months Days	IF UNDER 24 HRS. Hours Min.
OR INDUSTR	Marine Marine	(State or fareign of	Much	12. CITIZEN O	F WHAT COUNTRY?
	14. MOTHER'S MA	1	uo?		
6/1	tormant as Agre.	lef. h	elev Address	ohie	an
	la Parado	3 40-8894 \$	Aushucen	INTE	RVAL BETWEEN ET AND DEATH
71: 1100	Acci	ared **V*** dent	Nabhae	Verteb	rae
ATU DUT NO	OT BELLTED TO THE	TERMINIA DICEAC	CONDITION COM	5	
AIN BUI N	OI KELATED TO THE	E TERMINAL DISEAS	E CONDITION GIV		PERFORMED? YES NO
urred. (En	psinside	of cella	of item 18.)		स्र ल
20e. PLAC factor	E OF INJURY (Hamry, Freet, office bld	e, form, g., etc.) 20f. (City	or town)	(County)	(State)
_	re, held an Au ide □, Hom		nspection ,		, and find that
W Sole				ause [].	DATE SIGNED
	_M.D.	CAL EXAMINER   MEDICAL EXAMINE			DAIL STOTALD
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ETERY OR C	REMATORY	22d. LOCA	TION (City, tawn, a	r county)	(Slale)
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eath. Page 4

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the f page 3 shauld be detached far use as the burial-transit permit. Then please remave carbon papers. Pages 1 and 2 shouther registrar priar to burial, crematian, ar remaval, and in any event within 72 haurs affordeath.

0

ENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haurs of TO HOSPITAL OR VS A1S (4) 15M 9/SB

	14010						Reg. Dist. N	0.	
1. PLACE OF DEATH	imore	MARYLA		usual RESIDENCE (WHO o. STATE Marylan		ed lived. If institut b. COUNT	Baltimore	fore admission)	
b. CITY OR TOWN ( RURAL ond give no Catonsvi	m. 4a	write c. LENGTH OF STAY IN	v 16	c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)  Catonsville					
I MANUE OF HOSPIT	AL (If not in hospital, give OO Cecil Ave	street oddress)	1	d. STREET ADDRESS 5900 Cecil		THE K		e. IS RESIDENCE ON A FARM? YES NO	
3. NAME OF DECEASED (Type or print)	First Helen	Middle A .	W	Lost eil	4. DATE OF DEATE	Nov.	19	19 <b>5</b> 9	
5. SEX Female		MARRIED NEVER MARRIED		ate of Birth ct 19 19	907	9. AGE (In years lost birthdoy) 52 yrs	Months Days	AR IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION during most of wor At Home	ON (Give kind of work don king life, even if retired)	None	INDUSTRY	11. BIRTHPLACE (Stote Baltimore	-		12. CITIZEN	OF WHAT COUNTRY?	
13. FATHER'S NAME			1.	. MOTHER'S MAIDEN	NAME				
Robert	H. Keith			Eliza	beth	Hood			
	R IN U. S. ARMED FORCES		"INFO	RMANT	\$5,000 A 100	Add	dress "		
No	(ii yes, give war or outer or some	None	Mrs.	Margaret H	lealey	Catonsv:	ille Md		
Conditions, if o gove rise to i couse (o), stoting lying couse lost.  PART II. OTI	mmediate the under- (c)	IONS CONTRIBUTING TO DEAT	'H BUT NO	T RELATED TO THETERM	IINAL DISEA	SE CONDITION GI	IVEN IN PART 1(o)	19. WAS AUTOPSY PERFORMED? YES NO	
(IF EITHER, NOTIFY	AS UNDERLYING 200 G CAUSE OF DEATH MEDICAL EXAMINER)	b. DESCRIBE HOW INJURY OC	CURRED. (E	nter noture of injury in	Part I or Po	ort II of item 18.)			
20c. TIME OF INJUR Hour o. m. p. m.	Y Month, Doy, Year 19	20d. INJURY OCCURRED 2 While Not while ot work at work		OF INJURY (Home, form , street, office bldg.	n, 20f. (Ci	ty or town)	(Count	y) (Stote)	
21. I certify to alive an  ACTUAL SIGNATURE PHYSICIAN'S NAME (Type)	tot I attended the di	TT-	-/ <i>⊈</i>	400,	ADDRESS (		nd an the da	the deceased the stated above.  DATE SIGNED  TO SELECTION TO SE	
220. BURIAL, CREMATIC REMOVAL (Specify Burial	N, 22b. DATE THEREOF	22c. NAME OF CEMET			22d. LOC	ATION (City, town,		(Stote)	
23. FUNERAL DIRECTOR F.C. Higint	's signature othom, Ellico	ADDRESS ott City.Md			D BY REGI	STRAR 246. REG	SISTRAR'S SIGNAT		
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6-11/11/11				0.00	Pase, M.	Earl	
	Mary Same Mr. or	afort I			eruja Li ddeskil	ALIE (1933)	(4) (8) (8) (8)

Days

U. S. A.

(Caunty)

October & Hours

INTERVAL BETWEEN ONSET AND DEATH

18 MONTHS

PERFORMED?

YES K NO

(State)

(State)

IS RESIDENCE

ON A FARM?

YES NO X

Year

1959

PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY a. SMaryland b. COUNTY MARYLAND Baltimore b. CITY OR TOWN (If autside carporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If autside carporate limits, write RURAL and give nearest tawn) RURAL and give nearest town) Baltimore 16 Days Fort Howard d. NAME OF HOSPITAL (If not in haspital, give street address)
OR INSTITUTION d. STREET ADDRESS 4010 Liberty Heights Avenue Veterans Administration Hospital NAME OF Middle DECEASED WEINBERG November PHILIP DEATH (Type ar print) 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH last birthday) Months DIVORCED | November 10,1905 White WIDOWED | Male yrs. 10a. USUAL OCCUPATION (Give kind of wark dane) 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or fareign country) 12. CITIZEN OF WHAT COUNTRY? during mast of warking life, even if retired) Taxicab Baltimore, Maryland Driver 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Joseph Weinberg Selina Davis 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT Clin.Records, VAH, Balto. 18, Md. Fort Howard Division 705-10-0553 Yes 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY:

BRONCHOGENIC CARCINOMA, LEFT MAIN BRONCHUS

BRONCHUS MEXX WITH METASTASES TO HILAR AND PERIAORTIC LYMPH NODES. RIGHT LUNG. 6TH LEFT RIB AND LIVER Canditians, if any, which gave rise to immediate **DUE TO** cause (a), stating the underlying cause last CERTIFICATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY Slight hypertrophy, left ventricle, heart.

20a. ACCIDENT WAS UNDERLYING [] | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Hame, farm, 20f. (City ar tawn) factory, street, affice bldg., etc. Haur a.m. While Nat while at wark at wark ADDRESS (Street, city or town, state) ACTUAL VAH. BALTO. 18. MD. FT. HOWARD DIVISION PHYSICIAN'S NAME (Type) JOHN W. CRAWFORD, M.D. 22a. BURIAL, CREMATION, 22b. DATE THEREOF 22c MAME OF CEMETERY OR VEREMATORY 22d. LOCATION (City, tawn, ar caunty) Baltimore, Maryland 23. FUNERAL DIRECTOR'S SIGNATURE 24b. REGISTRAR'S SIGNATURE 24g. REC'D 8Y REGISTRAR

Inc. &x 2100 Eutaw Place Balto Md.

DATE NOV &

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be filed

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Offer

hours

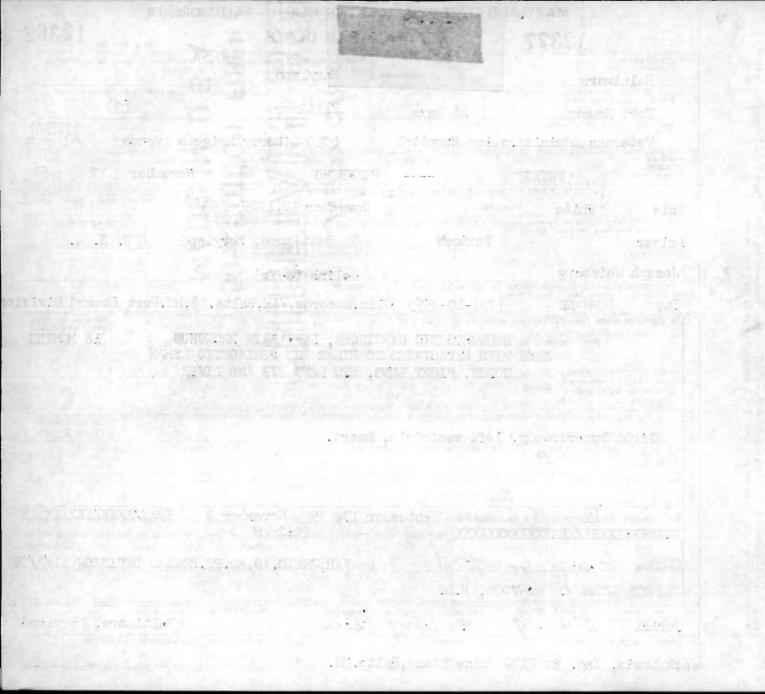
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VS A15 (4) 15M 9/58



## FOR STATE HEALTH DEPT or. Page or files. of Health, TO DEPUTY MEDICAL EXAMINER: This certificate should be executed within 24 hours after death. If any delay is necessare execute the cert. e. writing the word "pending" in pencil in Item, 18. Give Pages 1, 2, and 3 to the funeral of 4 should be forth-rided to the Chief Medical Examiner's Office along with form PM3. Page 5 may be retained for TO FUNERAL DIRECTOR: Page 3 should be used as a burial-transit permit. File pages 1 and 2 with the State Board or its designated agent, prior to buriol, cremation, ar remayal, and in apy event within 72 hours after death.

VS. AISME 5M 2/57

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 MEDICAL EXAMINER'S CERTIFICATE OF DEATH

	0	merel 1 13 3 000	of Item 9 FilmG2	mG253 12-14-59 et Reg. Dist. No.						
•	1. 1	PLACE OF DEATH		2. USUAL RESIDENCE (Where dece	ased lived. If institution: Residence	before admission)				
	o. COUNTY Baltimone MARYLAND		o. STATE Maruland b. COUNTY							
)	b. CITY OR TOWN (If outside corporate limits, write RURAL LENGTH OF STAY IN 16		7 7000 0137 0007 00	rporate limits, write RURAL and give	e nearest town)					
		and give nearest town)  Dundalk		Baltimore	3401	- 4				
	d	I. NAME OF HOSPITAL OR INSTITUTION (If not	in hospital, give street address)	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?				
		3110 Cornwall Road		107 S. Patomo	ic Street	YES NO NO				
		NAME OF Pargaret First DECEASED (Type or print)	M. Middle	2/S h Lost OF DEATH	Month Do	19 57				
	5. S	EX 6. COLOR OR RACE 7. M	AARRIED NEVER MARRIED 8		9. AGE Iln yours IF UNDER TYEA					
		1 Charce Wilcole		November 2, 1882	last day) Months Days	Hours Min.				
	10o.	. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	106, KIND OF BUSINESS OR INDUST	RY 11. BIRTHPLACE (State or foreign	country) 12. CITIZEN	OF WHAT COUNTRY?				
	-	Housewife		Baltimore Mc	iryland (	l. S. A.				
	13.	FATHER'S NAME		14. MOTHER'S MAIDEN NAME						
	115	Kearin (oughlin WAS DECEASED EVER IN U. S. ARMED FORCES?	16. SOCIAL SECURITY NO. 17. II	Sarah Mundoci	Address					
Н		(If yes, give war or dates of service)		A4		C .				
1	-	no	none	Miss Margaret We	elsh 107 S. Poton	nac St.				
		PART I. DEATH WAS CAUSED BY:	ring for (o), (b), one (c). j	6.1		NSET AND DEATH				
		IMMEDIATE CAUSE (6)	ounary	celun	12	12				
420 / DUE TO										
		Conditions, if ony, which) (b)								
	3	gove rise to immediate couse DUE TO								
		couse lost. (c)								
	3									
0	ATA									
	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?  YES NO CONTRIBUTION OF CONTRIBUTI									
	AL C		20d, INJURY OCCURRED   20e. PLA	CE OF INJURY (Home, form, 20f. (C	ity or town) (County)	(Stote)				
	MEDICAL	Hour e.m.	While Not while fact	ory, street, office bldg., etc.)	ty or town) (Coomy)	(Stote)				
	2		of work at work	j		<del></del>				
		21. I certify that I took charge of			Inspection Inquiry 4					
		opinion death resulted from: Natu	ral causes Accident	, Suicide , Homicid	e, Undetermined mon	iner 🔲				
		ACTUAL GO WWW Sol	1.			DATE SIGNED				
		SIGNATURE ALL COL	un	_M.D. CHIEF MEDICAL EXAMINER						
×		EXAMINER'S JACK C	ollins	ASSISTANT MEDICAL EXAMINE DEPUTY MEDICAL EXAMINER		1-30-59				
	220	BURIAL CREMATION. 226. DATE THEREOF	22c. NAME OF CEMETERY OR	CREMATORY 22d. LOC	ATION (City, town, or county)	(State)				
	1	Bunial 12/3/50	Holu Redeem	er Cemetery Ba	ltimore	Maryland				
	23.	FUNERAL DIRECTOR'S SIGNATURE	ADDRESS	240. REC'D BY REGI	STRAR 24b. REGISTRAR'S SIGNAT	TURE				
		John A. Moran 3000 E. L	Baltimore Street	DATE DEC 7	159 arthur S. +	traus				

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Page 4

NDING PHYSICIAN: The low requires that the deoth certificate be executed within 24 haurs

in by the funeral director, and 2 shauld be filed with

and completely filled bon papers. Pages 1

## MARYLAND STATE DEPARTMENT OF HEALTH-BALTIMORE, 18

CERTIFICATE OF DEATH

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		12378		LKIIIICA	AIE OF DI	LAIN			Reg. Dist. N	0.	
	PLACE OF DEATH a. COUNTY BAL	TIMORE		MARYLAND	o. STATE	NCE (Who		l lived. If institution b. COUNTY		ore admiss	
ł	b. CITY OR TOWN (If RURAL ond give ne	OF STAY IN 16		WN (If or	- /	rate limits, write RI	JRAL and give n	earest town	1)		
	d. NAME OF HOSPITA	AL (If not in hospital, give ECHWOOD ROA			d. STREET ADD		H <b>M</b> OOD	ROAD	4.4		FARM?
	NAME OF DECEASED (Type or print)	First ELIZABET		Middle ICK	Lost		4. DATE OF DEATH	NOVEMBER		,	Year 19 <b>59</b>
5. 9	FEMALE	6. COLOR OR RACE	7. MARRIED NEV	ER MARRIED   DIVORCED	B. DATE OF BIRTH	189	,	9. AGE (In years lost birthdoy) 63 yrs.	Months Doys	R IF UNDE Hours	R 24 HRS. Min.
10a	during most of work  HOUSEWIFE	N (Give kind of work doing life, even if retired)	OWN H			E (Stote of	or foreign co	ountry)	12. CITIZEN C	F WHAT C	OUNTRY?
3.	FATHER'S NAME  OTWAY WA	RWICK			14. MOTHER'S M		AME GOI	RDON			
(Yes	WAS DECEASED EVER	IN U. S. ARMED FORC If yes, give war or dates of ser		URITY NO.	INFORMANT FAM ]		ECORDS	Addr	ess		
	Conditions, if on gove rise to in cause (o), stating t lying cause last.	nmediate (DUS TO	100			-1-	8				
CATION	Past II. OTH		ITIONS CONTRIBUTIN	NG TO DEATH BU	T NOT RELATED TO T	HE TERMIN	NAL DISEASE	CONDITION GIV	EN IN PART 1(a)	PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO	
CERTIFI	20a. ACCIDENT WAY OR CONTRIBUTING (IF EITHER, NOTIFY)	S UNDERLYING  CAUSE OF DEATH MEDICAL EXAMINER)	206. DESCRIBE HOW	INJURY OCCURRE	ED. (Enter noture of i	njury in P	art I or Port	II of item 18.)			
MEDICAL	20c. TIME OF INJURY Hour a. m. p. m.	Month, Doy, Yeor	20d. INJURY OCCU While Not wl at work at wor	nile fo	ACE OF INJURY (Ho octory, street, office b			or town)	(County	')	(Stote)
		P. BENGAL		Clugar nd that death	T_ 1959., accurred at 6	:30A	M, from	the causes one reet, city or town,	d on the da	e stated	
220	BURIAL, CREMATION REMOVAL (Specify)	N, 22b. DATE THEREOF	22c. NAMI	OF CEMETERY C	OR CREMATORY		22d. LOCAT	ION (City, town, o	or county)	(Stot	e)
1	FUNERAL DIRECTOR'S		. LO		K CEMETERY	4a. REC'D	BALT BY REGIST	IMORE RAR 24b. REGIS	TRAR'S SIGNAT	ARYLA URE	ND
1/2	JOHN BURNS		TOWSON	MARY	LAND	DATE NO	V 1 6 '5	9 On	Thun S. the	ua	

page 3 shauld be detached for use as the burial-transit permit. Then please remave carbon papers. the registrar priar to burial, crematian, or removal, and in any event within 72 haurs after death. may be retained the haspital or attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician page 3 shauld be detached for use as the burial-transit permit. Then please remave carl TO HOSPITAL OR VS A15 (4) 15M 9/5B

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8/3/7/08	UMATOMAX			
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EDVAJVALNI		THE MAKE ADDRESS OF THE CASE O		ak Teug Bua Teub

## MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. No. director 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) filed o. COUNTY b. COUNTY MARYLAND Pro b. CITY OR TOWN (If outside corporate limits, write c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) be RURAL and give nearest town 10USON ploods d. NAME OF HOSPITAL (If not in haspital, give street address) OR INSTITUTION 2 NAME OF DATE filled DECEASED DEATH (Type or print) 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED IF UNDER 1 YEAR IF UNDER 24 HRS 8. DATE OF BIRTH 9. AGE (In years lost birthday) Months complete WIDOWED [ DIVORCED [ popers. 10a. USUAL OCCUPATION (Give kind of work dane 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY during most of working life; even if retired) puo equalitie corbon 13. FATHER'S NAME physicion move WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO INFORMANT ottending pleose 18. CAUSE OF DEATH [Enter only one couse per line for (o), (b), and (c).] PART I. DEATH WAS CAUSED 8Y: IMMEDIATE CAUSE (o) the PV ony Canditions, if any, which signed gave rise to immediate per cause (o), stoling the underpuo lying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTION NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19, WAS AUTOPSY 0 20a. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Part I or Port II of item 18.) 20c. TIME OF INJURY 20e. PLACE OF INJURY (Home, farm, | 20f. (City or town) 20d. INJURY OCCURRED Doy, Year foctory, street, office bldg., etc.) Hour a. m. While Not while of work of work 21. I certify that I attended the deceased fram. .. 19 ... that I last saw the deceased and that death occurred at A. M. fram the causes and an the date stated abave. ADDRESS (Street, city or town, state FUNERAL DIRECT ACTUAL SIGNATURE PT. PHYSICIAN'S William H. Kirby, NAME (Type 220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or county) pode Loudon Park Cemetery he 11-21-59 Baltimore 10 23. FUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24g, REC'D 8Y REGISTRAR 24b. REGISTRAR'S SIGNATURE NOV 2 0 '59 VS A15 (4) William Cook, Inc., 1217 St. Paul Street DATE

1SM 9/S8

e. IS RESIDENCE

ON A FARM? YES NO

Year

19

INTERVAL BETWEEN ONSET AND DEATH

PERFORMED?

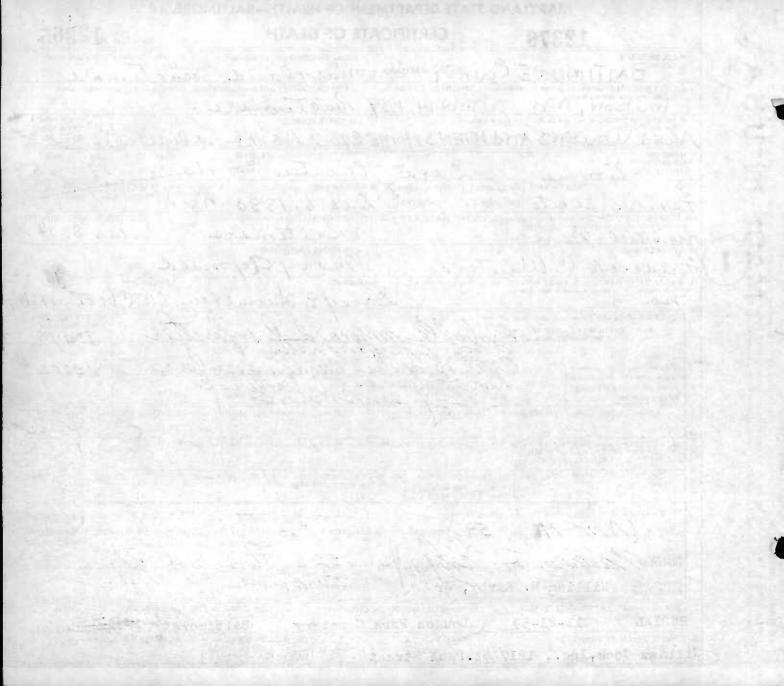
YES NO Z

(Stote)

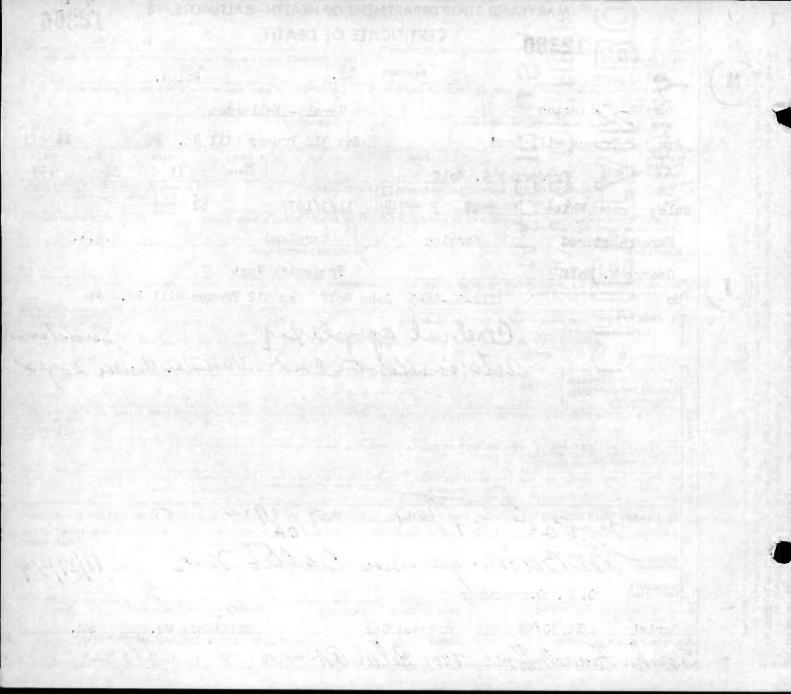
DATE SIGNED

(Stote)

(County)



1SM 9/5B



012

12381

**CERTIFICATE OF DEATH** 

Ph	PAT . A	B.I.	

16001		0. 22.		Reg. Dist. No.					
PLACE OF DEATH ROSewood State T	raining School			tution: Residence before admission)					
Baltimore	MARYLAND	o. STATE	ryland b. coun	City					
b. CITY OR TOWN (If outside corporate limits, write	b. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)			e RURAL and give nearest town)					
Owings Mills, Maryland	Baltimore 30	. Maryland	3 / 0 / - 4						
d. NAME OF HOSPITAL (If not in hospital, give street OR INSTITUTION	d. STREET ADDRESS		e. IS RESIDENCE ON A FARM?						
Rosewood State Training Sc	hool	1834 East Fa	yette Street	YES NO 🔀					
3. NAME OF First DECEASED	Middle	Last	4. DATE	Aonth Day Yeor					
(Type or print) Ivan	Neal	Woods, Jr.	OF DEATH	11 18 19 59					
5. SEX 6. COLOR OR RACE 7. MARK	RIED NEVER MARRIED	B. DATE OF BIRTH	9. AGE (In year lost birthdo)	ors IF UNDER 1 YEAR IF UNDER 24 HRS.  Months Doys Hours Min.					
Male White WIDOW	ED DIVORCED	4/19/49	95 db	rrs. Months Days Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done 10b. during most of working life, even if retired)	KIND OF BUSINESS OR INDUS	TRY 11. BIRTHPLACE (Stote	or foreign country)	12. CITIZEN OF WHAT COUNTRY?					
and one can be suppose	out direction files	Maryland	F-15-4-14-14-14-14-14-14-14-14-14-14-14-14-1	U.S.A.					
13. FATHER'S NAME		14. MOTHER'S MAIDEN N	IAME						
Ivan Neal Woods		Norma Lee	Stevens						
15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16.  {Yes, no, or unknown}   (It yes, give wor or dates of service)	SOCIAL SECURITY NO. IN	FORMANT	A	address					
no	R	osewood Recor	ds						
1B. CAUSE OF DEATH [Enter only one couse per li	1B. CAUSE OF DEATH [Enter only one couse per line for (a), (b), and (c).]								
PART I. DEATH WAS CAUSED BY:	PART I, DEATH WAS CAUSED BY: 17 ONSET AND DEATH								
353./ DUE TO	263,								
Conditions if any which \ F y' \ Q Y' \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \									
gove rise to immediate									
Luine course land	Luis e on, storing the Under-								
, 10)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY								
PART II. OTHER SIGNIFICANT CONDITIONS (				PERFORMED? YES NO					
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 18.)									
20a. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Port I or Port II of item 1B.)  (IF EITHER, NOTIFY MEDICAL EXAMINER)									
	NJURY OCCURRED 20e. PLA	CE OF INJURY (Home, form, tory, street, office bldg., etc.	, 20f. (City or town)	(County) (Stote)					
	k ot work								
21. I certify that I attended the deceas	ed fram	, 19, ta	, 19_	_,that I last saw the deceased					
alive an, 19_	, and that death	accurred at2:00a	M, fram the causes	and an the date stated above.					
	0 1 0	100	ADDRESS (Street, city or to	wn, stote) DATE SIGNED					
SIGNATURE ROOM W. ROCE	SIGNATURE Red W Ricellant Parlolly St 4307 Mainfield Che 11/18/59								
PHYSICIAN'S PRAL W. Ric	ckert	Bal	Unon 1	4 118					
220. BURIAL, CREMATION, 22b. DATE THEREOF REMOVAL (Specify)	22c. NAME OF CEMETERY OF		22d. LOCATION (City, tow						
BURIAL 11-23-59	Baltimore Nat		Baltimo						
23. FUNERAL DIRECTOR'S SIGNATURES	nestant.	If part shed	0V 2 0 '59	CATLAG S. KLAMA					
- Complete		11177	-						

TO HOSPITAL OR LESIDING PHYSICIAN: The law requires that the death certificate be executed within 22 hours with may be retained the haspital ar attending physician.

TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletely filled in by the funeral director, page 3 shauld be detached far use as the burial-transit permit. Then please remaye carban papers. Pages 1 and 2 should be filed with the registrar priar to burial, crematian, ar remayal, and in any event within 72 hours after death. VS A15 (4) 15M 9/5B

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diversity on the contract of t

## Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) e. COUNTY Page of Health. Baltimore and 3 to the funeral director, Pag and 3 to the funeral director, Pag Maryland Baltimore MARYLAND b. CITY OR TOWN (if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) write RURAL end give neerest lown) vrs Dundalk Dundalk State Board d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS 6927 Holabird Avenue Holabird Avenue death. 3. NAME OF Middle 4. DATE DECEASED (Type or print) JAMES DEATH WRIGHT November 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 9. AGE (In yeers | IF UNDER 1 YEAR | IF UNDER 24 HRS. 5. SEX B. DATE OF BIRTH last birthdey) Months WIDOWED T DIVORCED T Male White uld be executed within 24 hours after in pencil in Item 18. Give Pages 1, 2, ar Office along with form PM3. Page 5 m 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (Siele or foreign country) 12. CITIZEN OF WHAT COUNTRY? Penna. RR Co. Canada U.S.A. pages 1 within 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ernest Wright Mabel Rasicat it. File event Office along with form burial-transit permit. File noval, and in any event WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address YOS AZMY WW I Mr. Jack Wright 35 Mavista Ave. 22. MD 1B. CAUSE OF DEATH (Enter only one cause per line for (e), (b), end (c). INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e) Myocardial Infarction DUE TO Coronary Artery Thrombosis. Conditions, if env. which geve rise to immediate cause "pending" DUE TO (e), stelling the underlying Examiner' as cause lest. pesn cremation, PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 3 certificate, writing the word Medical plnods 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of Injury in Part I or Part II of item 18.) 20e. EXTERNAL CAUSE WAS PRIMARY TO OF CONTRIBUTING TO ease execute the certificate, writing the should be forwarded to the Chief Me FUNERAL DIRECTOR: Page 3 sho r its designated agent, prior to burial, CAUSE OF DEATH. 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED I 20e, PLACE OF INJURY (Home, ferm, ' 20f, (City or town) (County) fectory, street, office bldg., etc.) While Not While Hour e.m. et work et work 21. I certify that I took charge of the remains described above, held an Autopsy Inspection and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER ACTUAL ASSISTANT MEDICAL EXAMINER DATE SIGNED SIGNATURE 11/4/59 DEPUTY MEDICAL EXAMINER EXAMINER'S Charles S. Petty M.D. Addr NAME (Type) Address (Street, city, town, or county) 22e. BURIAL, CREMATION, 22b. DATE THEREOF 22d. LOCATION (City, town, or country) Burial Sacred Heart of Jesus German Hill Rd. 1959 240 P OH 23. FUNERAL DIRECTOR 24e. REC'D BY REGISTRAR I 24b. REGISTRAR'S SIGNATURE VS. AISME John J. Duda 7922 Wise Ave. 22. Md. 5M 7/59 arthur S. Kraus DATE NOV 6

MARYLAND STATE DEPARTMENT OF HEALTH

e. IS RESIDENCE ON A FARM?

YES NO X

PERFORMED?

NO

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ge giol,		b. CITY OR TOWN (If outside corporate limits, write RURAL ond give nearest town)  c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town)
Po Po	14	CFTONSVILLE   dAVS 24 Whitehall Md 12x-2
direct les. priar t	014	d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address)  SPRING GROB 10 17 17   C. STREET ADDRESS  e. IS RESIDENCE ON A FARM?  YES NO 17
neral a your fi		3. NAME OF DECEASED First Middle Lost 4. DATE Month Day Year OF DEATH NOV. 14 19 5 9
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ond 3	(I)	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  12. CITIZEN OF WHAT COUNTRY?  FARMER
1, 2,	<b>!</b>	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
ges 1		UNKANYW RICHARD WRIGHT WANK MARY ELLEN REED
Page File p		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (16. SOCIAL SECLIBITY NO. 17. INFORMANT Address  (If yet, give wor or dotes of service)  (If yet, give wor or dotes of service)
M3.		18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
Per P		PART 1. DEATH WAS CAUSED BY: Cardia: Failer ONSET AND DEATH
Item I far		422. DUE TO 1
with		Conditions, If any, which) (b) Witters sclerote Condis Varcular
alang alang buria		gave rise to immediate cause (a), stating the underlying cause last.  DUE TO (c)  Cause last.
ffice as	^	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED?
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d 'per		200. EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) CAUSE OF DEATH.  Swable to repair dancage. Inachety freshowed
war Fx		20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRS 20e. PLACE OF INJURY (Mome, form, 20f. (City or town) (Causiy) (State)
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Zhie Zok		death resulted from: Natural causes . Accident . Suicide . Hamicide . Undetermined cause .
to Chi		ACTUAL SIGNATURE DATE SIGNED  DATE SIGNED
	2	EXAMINER'S GEO, S. M. KIEFFER MENTY MEDICAL EXAMINER 1
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7		23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 240 REGISTRAR'S SIGNATURE MICHIGANE
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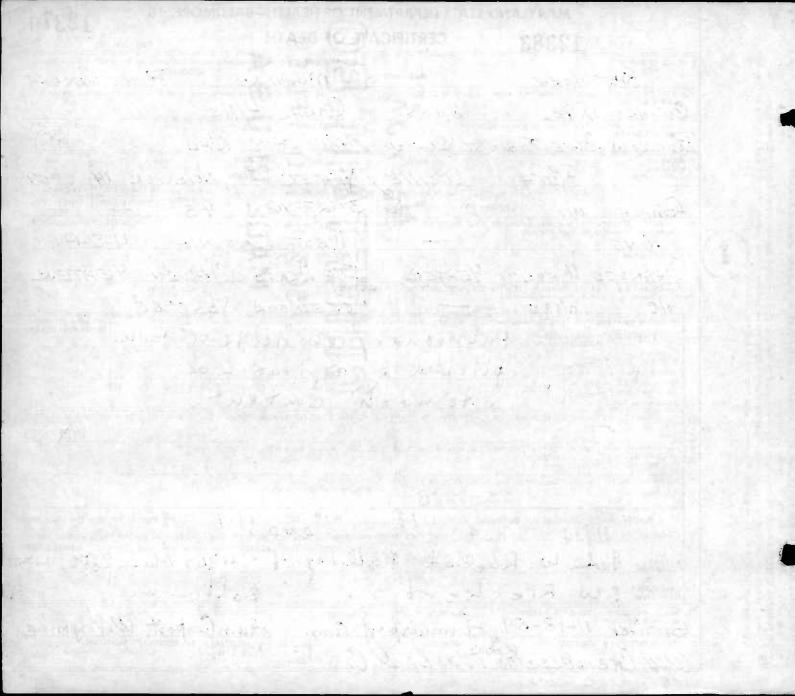
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